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ABSTRACT

Examined were the effects of an educational program for 61 mothers of elementary school aged retarded children. The Sheltering Arms Parent Interview Schedule was used to elicit responses about the specific program and its recalled influences on the mothers' personal lives; the program's effectiveness in easing family problems; and the degree to which the information and services were generalized to other social and community situations. Statistical analysis indicated a significant relationship between professional help from the director and teachers in individual conferences and the mothers' perceived benefits in management of the retarded child, resolution of family problems and improved feelings of self worth. Among other findings was the professional staff's special assistance to mothers in matters of child discipline, school or agency placement, sterilization decisions and the mothers' achievement of emotional and intellectual acceptance of the parental role. The study's implications for teacher education and school programs included increased emphasis on teacher experience and training with adults, use of parents to assist teacher training, and the assignment of resource teachers to work with parents. Three appendixes provide such information as a program description of The Sheltering Arms School and The Sheltering Arms Parent Interview Schedule. (Author/CL)

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EFFECTS OF AN EDUCATIONAL PROGRAM FOR PARENTS OF RETARDED CHILDREN

by
Grace J. Warfield

Submitted in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy
in the Ferkauf Graduate School
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ABSTRACT

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The purpose of this study was to explore and to report the effects of an educational program which provided to parents of retarded children: information about mental retardation through lectures and informal discussions; individualized conferences with professional staff; and opportunities for observation and participation in a school program.

Sixty-one mothers were interviewed. All lived in the Minneapolis, Minnesota metropolitan area and had had a retarded child enrolled in The Sheltering Arms Day School and Research Program for Mentally Retarded Children for at least 2 years between 1955 and 1971. The instrument used was The Sheltering Arms Parent Interview Schedule, especially designed to elicit responses about the specific program and its recalled influences on the mothers' personal lives; its effectiveness in easing family living problems; and the degree to which the information and services were generalized to other social and community situations.

Statistical analysis indicated a significant relationship between professional help from the director and teachers in individual conferences and the mothers'

perceived benefits in management of the retarded child, resolution of family problems, and improved feelings of self worth.

General learnings from the total program were associated with reported increased participation in community organizational and volunteer work for some of the mothers. A subgroup in the sample reported having received assistance in alleviating family problems and emotional stress associated with strongly felt needs during the child's enrollment.

The contributions of the social worker were recalled as significantly less helpful and usually associated with medical services and problems involving normal siblings of the retarded child.

The assistance of the professional staff was recalled as useful in many areas but most often with discipline and management of the retarded child; planning for the child's placement in school or other facility either at age 14 or earlier; making decisions with regard to sterilization procedures for the child; and the mothers' achievement of emotional and intellectual acceptance of the role as a parent of a retarded child.

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TABLE OF CONTENTS

		Page
ACKNOWLEDGMENTS		iv
LIST OF TABLES		ix
CHAPTER		
I.	Introduction and Statement of the Problem	1
	Further Evidence: The Importance of Parents	2
	The Magnitude of the Problem	4
	Developments Affecting the Problem	5
	Problems in Parent Education	7
	The Exploratory Study	8
	Rationale for Selection of the Sheltering Arms Parent Education Program	9
	Limitations	11
	Summary Statement	13
II.	Related Literature	15
	Early Investigations	15
	Information from Parents	18
	Recent Literature	25
	Summary Statement	28
III.	Method and Procedure	29
	The Sample	29
	The Instrument: The Sheltering Arms Parent Interview Schedule (SA Schedule)	30
	Method and Interpretation to Subjects	32
	Analysis of the Data	33
IV.	Results	36
	Descriptive Data	36
	The Retarded Children	36
	The Parents	38
	Parent Participation in the Total Program	40
	Parent Group Activities	40
	Other Activities	40
	Interaction with Professional Staff	40
	Individual Conferences	40
	Evaluation of Help Received	42
	Family Help	43

Page

Major Findings from the Intercorrelational Matrix 47
Attendance at Parent Meetings 54
Extracurricular Activities 54
Individual Conferences 55
Perceptions of the Professional Staff . 55
The Director 55
The Social Worker 56
The Teacher 56
The Staff in Crisis Situations 56
Multiple Regression Analyses 60
Generalizability 60
Family Help 60
Impact on Personal Life of the Mother . 61
Subjective Opinions and Comments 73
Realistic Approach 73
Generalization of Learnings 73
Discipline and Self Growth 74
The Child's Sex Drive 74
The Lecture Topics 75
Negative Views 75
Summary 76
Perceptions of Staff Roles 76
Nature of Recalled Problems 76
Program Effects 76
Effective Procedures 77

V. Discussion 78

Limitations 78
The Sample 78
The School 79
The Staff Roles 80
Information Needed by Parents 80
The Value of the Staff 83
The Importance of Person to Person Contact 83
The Classroom Teacher 84
Present School Problems 86
The Look Ahead 87
Concluding Statement 88

VI. Summary 92

BIBLIOGRAPHY 95

APPENDIX

A. The Sheltering Arms: A Day School and Research Program for Mentally Retarded Children . . . 102

Page

B. The Sheltering Arms Parent Interview Schedule 115

C. Opinions and Comments Offered During Interviews 123

LIST OF TABLES

Table		Page
1	Age of Child When First Enrolled in Sheltering Arms	37
2	Number of Years Child Attended Sheltering Arms	37
3	Year of Child's First Enrollment	38
4	Birth Order of Retarded Children in the Sample	39
5	Number of Siblings of the Retarded Child in Families Interviewed	39
6	Mothers' and Fathers' Reported Participation in Parent Group and Extracurricular Activities	41
7	Mothers' Recalled Degree of Effectiveness of Parent Program on Family Problems	44
8	Impact of Parent Program on Personal Life of Mothers	46
9	Mothers' Ranking of Topics in Order of Perceived Importance for a Parent Education Program	47
10	Correlation Matrix, Means, and Standard Deviations	49
11	Value of Director's Help as Perceived by Mothers Who Reported Having Had a Crisis Situation (N = 37)	58
12	Perceived Value of Social Worker's Assistance by Mothers Who Reported Having Had a Crisis Situation	58
13	Perceived Value of Teachers' Help by Mothers Who Reported Having Had a Crisis Situation	59
14	Stepwise Regression Analysis (6A) Generalized Learning: Interpreting Mental Retardation to Siblings	62

Table		Page
15	Stepwise Regression Analysis (6B) Generalized Learning: What a Retarded Child is Like	63
16	Stepwise Regression Analysis (6C) Generalized Learning: What Can Be Learned from Testing	64
17	Stepwise Regression Analysis (6D) Generalized Learning: What a Retarded Child Can Learn.	65
18	Stepwise Regression Analysis (6E) Generalized Learning: What To Do About Future Planning	66
19	Stepwise Regression Analysis (6F) Generalized Learning: Where a Child May Go after Sheltering Arms	67
20	Stepwise Regression Analysis (6G) Generalized Learning: What Other Community Facilities Can Help	68
21	Stepwise Regression Analysis (8H) Family Help: Mother's Feelings About the Mentally Retarded Child	68
22	Stepwise Regression Analysis (8C) Family Help: Dealing with Relatives and Friends.	69
23	Stepwise Regression Analysis (8E) Family Help in Discipline (Management) of the Retarded Child	69
24	Stepwise Regression Analysis (8G) Family Help: Concerns over Future Plans.	70
25	Stepwise Regression Analysis (12B) Impact on Mother's Life: Improved Relationship with Husband	71
26	Stepwise Regression Analysis (12C) Impact on Mother's Personal Life: Developed New Friendships	71

Table		Page
27	Stepwise Regression Analysis (12E) Impact on Mother's Personal Life: Increased Activity in Volunteer Work	72
28	Stepwise Regression Analysis (12G) Impact on Mother's Personal Life: Improved Feelings of Self Worth.	72

CHAPTER I

Introduction and Statement of the Problem

The responsibilities of child rearing are demanding and time consuming for most adults under the best of circumstances. All families depend on societal assistance in the rearing of children. Medical services, child care, education, varied social experiences, and spiritual guidance are among the available resources. When a retarded child is part of the family, responsible parents come to recognize the need for more extensive and specialized services for the child.

Publicly supported education for handicapped children was first made available largely in response to the persuasive work of parents who organized to demand such services.

Professional workers, including researchers in human development, have suggested that working with parents is highly important to the growth and progress of their retarded children. Tretakoff (1969) in a review of studies related to counseling parents of handicapped children states:

> Consensus of professional opinion ... seems to indicate that counseling for the parents of these children is as important as education and training is for the children. (p. 32)

Similar views have been offered by others:

> The efficiency of services to the (handicapped)

> child may hinge upon the quality and quantity of services rendered to the parents. (Wolfensberger & Kurtz, 1969, p. 83)
>
> Many parents of retarded children are in need of a sustained counseling relationship to help alleviate their psychological stress load. (Cummings & Stock, 1962, p. 742)

Educators working with retarded children must be seriously concerned with their own interactions and communications with the parents. Meadow and Meadow (1971) suggested that schools should not only assist the parents with the technical aspects of their child's education (management, schedules, academic development, etc.) but that they should also be aware of and concerned with the parents' emotional or affective reaction in adapting to their roles as parents of handicapped children.

Further Evidence: The Importance of Parents

Accumulating evidence suggests that the family has more influence on the child than any other of the social institutions and that programs that supplement or supplant family care and education are less cost effective than programs that support the family (Schaefer, in press). Results of comparisons of different groups showed greater effectiveness of parent-centered intervention as contrasted to child-centered intervention in socially and economically disadvantaged families (Karnes, Teska, Hodgins, & Badger, 1970).

Many studies with normal children bear out the effectiveness of early education conducted by parents. Moore (1968) found that toys, books, and experiences in language stimulation provided at 2 1/2 years predict the child's reading at 7 years and IQ at 8 years. Douglas (1964) reported that parent involvement with the child's education during the school years, as shown by mother and father visits to the school and by requests to speak to the principal was more related to the child's test performance than the academic record of the school even after controlling for socioeconomic status of the family. This finding supports a hypothesis that early and continued parent behaviors have a cumulative effect on the child's intellectual development and academic achievements.

Parent behaviors of attentiveness, warmth, verbal interaction, effective teaching, diffuse intellectual stimulation, and demands for achievement have been found to correlate with the intellectual development of their children (Schaefer, 1972; Hess, 1969).

When parents are told their child is mentally retarded, their behaviors and emotions in relation to the child may change drastically, to the detriment of the child's development. Special educators and other professional persons are expected to assist parents in treating and managing the child who is different. This is an immensely complicated undertaking, since mental

retardation has so many facets such as the degree and nature of the child's retardation, social and community attitudes, and individual family constellation, the financial resources, plus the kind of training and skills of the professional persons who are available and assisting with the family.

The Magnitude of the Problem

Despite the interest and efforts of researchers, educators, and citizens' groups, there is a lack of evidence that much progress is being made in reducing the number of persons and families affected by mental retardation. Estimates of incidence and prevalence range from 2 million to 6 million persons in the United States (Begab, 1974; National Association for Retarded Citizens, 1972, 1973).

As Begab noted, older studies which used an upper limit of 70 IQ provide partial support for the widely quoted estimate of 3 percent of the population. Current definitions call for elimination of use of an IQ score as the sole criterion for mental retardation; impairment in adaptive behavior must also be clearly evident. Begab emphasized the importance of daily living experiences in improving a child's intellectual status and stressed the need to provide parents with guidance in child rearing.

The National Association for Retarded Citizens listed as one of the most urgent steps to meet current needs the extension of parent education services "to provide practical assistance to mothers in the everyday problems of rearing a mentally retarded child" (1973, p. 11).

In daily living, parents must continue to cope with their own emotional stress as well as adjust to altered expectancies for their child. They must be helped to realize that mental retardation is dynamic in nature, and subject to modification. We know that retarded children can learn and can learn well, given time and appropriate techniques. Lindsley stated it thus:

> Children are not retarded. Only their behavior in average environments is sometimes retarded. (Lindsley, 1964, p. 63)

The implication is that if a child's environment is modified appropriately, that child's behavior will become less retarded. The significant people in the child's environment -- most often his parents -- have the power to influence his developing behavior patterns. The parents can learn to provide the social and physical envinronments that generate and maintain the most "normal" behaviors possible.

Developments Affecting the Problem

Recent social and political events have accentuated the need to provide constructive aid to parents.

1. The movement away from institutionalizing most retarded children means that more parents expect and need community services immediately.

2. Recent litigation and court actions have expanded the concept of right to education to even the most profoundly handicapped. Each person has the right to an appropriate education in terms of his own needs. Every child has the right to education at public expense.

In addition, it is now proposed that when children are referred for special services, they have a right to treatment, a right which may not be denied because of lack of funds or any other reason.

Further, the child and his parents have the right to due process under the law in all major decisions affecting the child's education (Reynolds, 1974; Ross, DeYoung & Cohen, 1971).

3. The new expectations throw unprecedented demands on both educators and parents. The dilemma for educators involves both lack of personnel with expertise in management of relationships with parents as well as the ever-present economic restrictions.

> In the past, services to parents of the retarded were based upon rationales and methods derived from clinical, subjective impressions of individual practitioners, and from theory, tradition, and often dogma. As long as management of the family of the retarded was a small and relatively insignificant field, this was of limited consequence. Now, however, we probably stand at

> the threshold of massive commitments to such management, and clinical lore and dogma are no longer sufficient. What we need are facts and efficient management techniques. (Wolfensberger & Kurtz, 1969, p. 83)

If educators are to serve the parents as well as their retarded children, guidelines are needed to suggest methods and techniques. Such guidelines should have been proved feasible in actual practice and experience.

Problems in Parent Education

Virtually all parents of a retarded child need help in accepting their roles as a mother or father of that child. The role has two aspects: the technical skills necessary to give specialized training to a child whose pattern of development is different, and the psychological adjustment needed to cope with one's own feelings about the child.

Questions raised in planning a program for parents include the following:

1. Can we identify basic information or program content which appears generally useful to most parents?

2. How can a program be best structured to provide assistance in both technical and emotional areas?

3. What professional skills and talents are most valuable in parent education programs?

4. In what ways does the degree of retardation in the child affect the kinds of help needed by the

parents?

5. In what ways can the program be individualized so that attention can be given to the unique problems inherent in each family?

6. What are the most effective ways to foster self confidence in parents of retarded children so that they are able to solve family problems constructively?

7. Can a program be designed in which parents will become able to generalize learnings and which will lead them into influencing community practices and attitudes to better the opportunities for future retarded citizens?

The Exploratory Study

Answers to the above questions were explored by obtaining information from parents who have been involved in an intensive educational program which has been in continuous existence since 1955.

The program selected was that of the Sheltering Arms Day School and Research Program for Mentally Retarded Children in Minneapolis, Minnesota. An extended description of the school appears in Appendix A.

A stratified sample of mothers who had a retarded child enrolled in the Sheltering Arms program for 2 or more years were interviewed by the investigator, using a specifically designed instrument, The Sheltering Arms Interview Schedule (Appendix B).

The interview method was selected because it provides the most efficient way to obtain direct information of a personal nature. Interviews can be adapted to individual conditions to enable the investigator to obtain much detailed information (Kerlinger, 1973). Kerlinger recommends that a variety of items such as fixed-alternative and open-end questions be included in an interview schedule.

> The best instrument available for sounding peoples' behavior, future intentions, feelings, attitudes, and reason for behavior would seem to be the structured interview coupled with an interview schedule that includes open-end, closed, and scale items. (Kerlinger, 1973, p. 488)

The interview schedule procedure was used by Farber (1959) to study the effects of a severely mentally retarded child on family integration. Other researchers have followed the practice of asking direct questions of parents of retarded children in efforts to obtain information about parent-perceived needs and satisfactions with services (e.g., Anderson, 1973; Justice, O'Connor, & Warren, 1971; Kelman, 1957; and Kramm, 1966).

Rationale for Selection of The Sheltering Arms Program

In addition to the length of time the program has operated, the consistency, breadth, and scope of the services provided an unusual opportunity to examine many facets of a program for parents. The Center staff includes Dr. Harriet Bodgett, a clinical child psy-

chologist who has been the program director since the school opened, 6 certified special education teachers, a social worker, a research assistant, 4 classroom aides, and a maintenance staff who understand and support the philosophy of the school.

A strong emphasis in parent education has existed since the school was established in 1955. Expressed purposes include:

> To help parents and families learn to understand retardation, come to a better emotional acceptance of their own family situations and acquire better management and "parenting" skills.
>
> To contribute to better public understanding of retardation and comprehension of the needs of the retarded in a community.
>
> To contribute to more widespread educational programs for the retarded more realistically conceived and carried out. (Blodgett, 1973)

As part of the agreement to accept a child in the program, parents are expected to attend 9 group meetings a year, which are instructional or interpretative on matters relevant to retarded children. Many opportunities for conferences, observation, and participation in school activities are available to the parents, as well as individualized help with family problems.

It is possible to specify the content of much of the information offered to the parents in the more formal part of the program. Material selected from lectures to the group has been published (Blodgett, 1971). Other

information about the school program and philosophy was made available soon after the school was opened (Blodgett & Warfield, 1959).

The fact that the investigator in this study was a teacher at The Sheltering Arms from 1955 to 1961 adds a dimension of experience which may be considered an asset. The length of time intervening since the investigator left the school in 1961 provides a distance which neutralized the effect of a close connection to the school, yet preserved a rapport with the parents which allowed them to more easily divulge their feelings.

Limitations

The retrospective nature of the mothers' responses is a limiting factor in establishing validity of the findings. Nevertheless, the information sought was the parents' expression of recalled feelings and learnings. It may be argued that how the mothers felt about the experience -- some many years after their children left the school -- is an important measure of the value of the program to the mothers.

A second limitation is the selective nature of the subjects. Parents were referred to the school from various agencies, physicians, and school psychologists, but application for the school was voluntary. Parents therefore had to exercise some initiative. In general,

children accepted for enrollment had parents who expressed willingness to cooperate by attending parent meetings and participating in the research projects. Therefore generalization to other individuals or groups of parents must be made with caution. However, it is worth knowing what these parents reported as most beneficial, since they were openly desirous of assistance with education of their retarded child.

A further limitation is imposed by the restriction of the school population to children from approximately age 6 to 14. Thus, parents whose children were under 6 or older than 14 at the time of attendance are not included in the subject sample. However, because the subject selection ranged over 18 years of school terms, some of the subjects had children now in late teens or early twenties. Insight may be gained by noting differences in their perceptions of the program in comparison to the perceptions of parents who have had children more recently enrolled.

Usually, children accepted into the school had been previously examined by a psychologist and parents had been told their child was retarded. Part of the program's acceptance procedure was a more extensive evaluation and interpretation by the clinical psychologist director. Children were not enrolled unless, in the opinion of the director, the child and his parents could

benefit from the program of the school. Thus children were not enrolled if their examination strongly suggested they would be unable to profit from the experience which could be offered, e.g., the child needed constant care because of limited self help skills. However, from another perspective, it should be mentioned that for many of the children alternative opportunities for public school education were nonexistent. There were no other classes for trainable children in the Minneapolis schools until 1962. This fact brought parents to the Sheltering Arms with anxiety and hope that their child would be accepted. This could also have affected their willingness to participate in the program.

Summary Statement

The purpose of this investigation was to ascertain what features of a well established program of parent education provided benefits to the family, as perceived in retrospect by mothers of elementary school aged mentally retarded children.

Findings should offer guidance to workers setting up similar programs presently and in the future. The urgency of such programs is indicated by the current rapid expansion of public school services to all retarded children. Persons of good intent but meager experience and background in dealing with mentally retarded children

and their families may find assistance from the findings presented in this study.

CHAPTER II

Related Literature

In professional papers, books, and monographs dealing with the problems of mental retardation, there is consistently found acknowledgment of the necessity to help parents of retarded children. Emphasis is sometimes placed on the importance of the initial interview informing the parents they have a retarded child. Counseling is often advised, over short or long spans of time. Recently more attention has been given to involving parents in structured educational programs, most often in schools or agencies where their child is enrolled. Current literature emphasizes the importance of parents as partners in educating their retarded children.

Relatively few studies report effects on the life situation of the parents after extensive counseling or involvement in specific educational programs. The progress of the children is often reported when guidance has been given to the parents, but the progress or change in the parents is usually reported briefly and subjectively.

Early Investigations

Two monographs by Farber (1959, 1960) reported extensive research concerning the effects on families when

a severely retarded child was a member of that family. This research was considered highly important at the time because, as many parents testified, suggestions and advice received from physicians, social workers, and psychologists was often contradictory.

At the same time this study of sociological factors was carried out, a view of the options open to the families was expressed:

> Ordinarily, parents can take either of two courses with respect to their severely mentally retarded child: they can keep the child at home or send him to an institution, usually a state institution. The course they follow depends upon a variety of factors -- their own views on parental responsibility, the doctor's opinion, costs of keeping the child at home, the reputation of the institution, possible effects on the retarded child and his siblings, and the opinion of friends, relatives, and neighbors. (Farber, 1959, p. 5)

When we compare this statement with present day options (e.g., that the child may be given public school education, regardless of his intellectual limitations, and that institutional placement will be postponed or avoided if possible) we might predict that more and more future parents will be involved in the rearing of a retarded son or daughter.

Farber's research provided broad insight into the retarded child's effect upon families. However, possibly the most useful point expressed by Farber in his advice to professional workers who deal with retarded children and their families was that no firm generalizations

applying to all the families can be made. The many variables which diversify effects of retardation included sex and birth order of the child, marital situation of the parents, religion, social class, and the kind of family orientation present (Farber, 1960, p. iii).

The implication of Farber's research findings is that any help or counsel offered to families because of problems relating to a retarded child should be given with great caution. To ignore the complexities and unknowns, as well as future opportunities which may emerge through research and social change would be highly presumptuous.

In the 1950's other professional persons were reporting the effects of a retarded child upon parents. Thurstone (1959) stated that the attitudes and emotional reactions of parents of the retardate are of crucial importance in planning for his effective treatment and rehabilitation. Initially, all parents experienced emotional upset and anxiety when they learned they had a handicapped child (Thurstone, 1960). Kelman (1957) studied families who were willing or not willing to place their child in an institution. He stated:

> The apparent effectiveness of cognitive understanding as an aid to parents in withstanding crisis and in arriving at sound decisions is one of the most important findings, with definite indications for strengthening and extending the provision of information by counse-

> lors, physicians, and community services regarding the child's outlook and resources for helping him. (p. 598)

White (1959) suggested that after the initial focus on the child's problems, attention should be directed back toward underlying parental attitudes. Parents need information and the supportive effect of knowing they are not going to be alone in grappling with their particular problem.

In the 1950-1960 period, reports continued to highlight parents' need for counseling, often continuous or extensive, and for information and guidance (Blatt, 1957; Coleman, 1953; Neubauer, 1953; Popp, Ingram, & Jordan, 1954; Rosen, 1955; Worchel & Worchel, 1961). However, these reports provide only minimal responses from parents, and lack evaluations of the various styles of treatment and programs recommended.

Information from Parents

Some information about parent attitudes and feelings can be gleaned directly from parents themselves or from responses by others. Zwerling (1954) asked members of the National Association for Retarded Children to write letters about their reactions when they first learned their child was retarded. Out of 85 letters, 33 referred to the attitude of the physician. Most were complaints such as (a) the limitations of the child were stressed,

not his assets, (b) developmental prognosis was not discussed, and (c) institutional placement was advised. However, there was wide agreement among the parents that early diagnosis was preferred to being told "the child will grow out of it."

In semistructured interviews ranging from 45 to 90 minutes, Anderson and Garner (1973) found dissatisfaction expressed by mothers of young children with developmental disabilities. On first visits to a professional person, mothers recalled (a) they were told nothing was wrong when it was obvious to them the child was not normal, (b) they felt the professional was not interested in them or their children, or (c) they were given a diagnosis of mental retardation and found it hard to accept. They were not offered help with the present problem, nor hope for the future. Some were told to institutionalize the child.

In a study by Ehlers (1966) of 24 mothers of children under 10 years of age with IQ's measured as under 50, the mothers were asked what services most alleviated or modified their problems. The services mentioned most often were home training visits by a public health nurse, and "talking to the staff at the Cambridge Service for Retarded Children."

Appell, Williams, and Fishell (1964) reported changes

in attitudes of mothers of retarded children effected through group counseling. The enrollment of a child was contingent upon the willingness of the mother to participate in the discussion group sessions over a period of 2 years. Results were evaluated by the Thurstone Sentence Completion Form given before and after the group sessions. Some of the findings on the posttest were: (a) mothers appeared more willing to divulge feelings -- less in terms of their own feelings and more in terms of the child's needs; (b) more mothers admitted they had been told of the mental retardation by a physician (52 percent on pretest, 71 percent on posttest); (c) mothers saw realistic use of discipline as necessary; (d) they were more able to discuss the child's disability with siblings. However, after the 2 years of sessions, the mothers were asking for more information by such questions as "What causes it? Why? How severely retarded is he?"

Harris and Shechtman (1959) found no differences in results, with various methods of counseling, in assisting parents of trainable children to adjust to family problems; although the parents themselves expressed feelings of benefit which they attributed to agency contact.

Bitter (1963) reported effects shown by parents of trainable mentally retarded children following 7 monthly

sessions during a school year. Two similar groups of parents in two different schools participated. Topics were selected by parents at the first session from a list of 11 topics, and the teacher of the classes conducted most of the sessions. Resource persons were used to discuss speech and language, sociological factors, and family relationships and mental health. To assess change, four measures were used, including the Parent Attitude Research Instrument, Form IV (PARI), a child character trait questionnaire, the Semantic Differential (Osgood, Suci, & Tannebaum, 1957), and a 50-item true or false test on facts about mental deficiency. In results reported, parents showed significant changes toward more democratic attitudes (PARI) but no change in Authoritarian-Control or Hostility-Rejection. On the true-false test, the parents made more errors on the posttest than on the pretest. (This surely raises the question of what information was provided to them and who prepared the content for the sessions and for the test.)

Analysis of brief group therapy sessions with mothers of retarded children was made by Cummings and Stock (1962). One group held 10 sessions with 8 mothers, 5 of whom continued for all sessions; and one group held 12 sessions for 3 mothers. The authors used several projective measures including a child-rearing attitude

scale, a general personality inventory, and a sentence completion test. The authors concluded that the mothers gained "a more appropriate recognition of reality ... what can and cannot be changed" (p. 744).

Leichman and Willenberg (1962) interviewed parents of 400 mentally retarded children. Behavioral factors of individual children were analyzed and compared with statistics covering family status and stability. High degree of family acceptance was seen as most related to qualities in the parents such as high self esteem, low child rearing anxiety, low sex anxiety, high husband-wife agreement on child rearing techniques, low feelings of self blame, and high affectional interchange between the child and both parents. The investigators suggest that if ways could be found to help parents achieve these qualities in their child-raising activities, the retarded child could benefit from better acceptance as a family member.

Wolfensberger and Kurtz (1971) investigated parents' perceptions of their children's development in order to obtain information relevant to the management and counseling of parents of the retarded. They concluded that parents are likely to be realistic about current abilities but highly unrealistic about the child's probable future status.

A survey of problems reported by parents of mentally retarded children was made by Justice, O'Connor, and Warren (1971). In Riverside, California, a structured interview was presented to a stratified sample of parents who had children labeled as mentally retarded. The interview focused on parents' perceptions of problems with the child, the resources used -- personal, public, and private, and the type of assistance received, e.g., tutoring, transportation, counseling. The major problems identified by the parents were related to (a) learning, (b) health, (c) behavior, (d) supervision and care, and (e) physical disability. Parents said they had not received assistance from public or private resources for most of their problems. No assistance or only personal advice was received by 41% of Anglos, 65% of Mexican Americans, and 75% of Negroes. The parents did not know of any additional services that might help. This finding was particularly evident among the Mexican Americans (28%) and the Negroes (56%). The investigator concluded that emphasis should be placed on development or extension of a service information system.

Fliegler and Hebeler (1960) assessed the attitudes of parents of educable retarded children, and the effectiveness of altering parental attitudes through time sequences of counseling. The variable styles of coun-

seling were (a) intensive counseling for 1 week; (b) once a month for 3 months; and (c) counseling for a 6 month period. Measures given were attitude tests, interviews, and personality tests before and after group sessions. It was concluded that the longer counseling period generated more ideas on the general overall subject of mental retardation, while the short periods brought more changes on specific points.

Ramsey (1967) reported and discussed use of group methods to help parents of retarded children. Subjective claims only were made in 12 of the studies, but some objective data appeared in 3 studies. Factual data which was often omitted included the qualifications of the group leader, descriptive data on length of sessions, frequency and total number of sessions, the nature of the group process to which the parents were exposed, and objectivity in measures used to evaluate benefits to parents. Questions were raised: Should services differ for different families? How should crisis situations be dealt with? Which type of program is more effective: formal-factual, or informal-unstructured? Ramsey suggests that long-term followup studies are needed to ascertain whether parents who make gains through group interactions continue to increase in self sufficiency and self direction.

Group procedures appeared to cause a significant

difference in reported child rearing attitudes and knowledge about retardation in 3 experimental groups of parents (Lewis, 1972). Sixty-two parents of mentally retarded children who attended classes in public schools participated in the study. Ten weekly sessions of one and one-half hours were held for 31 of the parents assigned to 3 groups. The comparison group of 31 parents took the same tests as the experimental parents.

Other investigators have studied attitudes of parents in relation to specific problems and types of retardation. Bass (1972) reported parents' views toward voluntary sterilization of retarded persons. Interview responses of parents of 50 children with Down's syndrome are discussed by Kramm (1966). Parental evaluation of clinical services for retarded children was summarized by Barclay, Goulet, Holtgreeve, and Sharp (1962). Sugar (1971) found that most successful group therapy for parents of retardates focused on concrete situations, not on developing insight into problems of mental retardation.

Recent Literature

During the past 5 years, a marked change can be noted in writings about parent education related to mental retardation. The new emphasis has centered on teaching parents to train or instruct their children, especially by methods generally termed behavior modifi-

cation or operant conditioning.

Such reports consistently show that after instruction, change or improvement in a retarded child's adaptive behavior is observed in everyday living skills (Blumberg, 1971; Fredericks, et al., 1971; Galloway & Galloway, 1971; Latham & Hofmeister, 1973; Rickert & Morrey, 1970; Terdal & Buell, 1969; Salzinger et al., 1970). Subjective evaluations refer to parent satisfactions and observation of the child's improvement. Rickert and Morrey noted problems: attrition rate of parent participants, need for simplified data forms, and a need for a parent's manual.

Gimon (1973) reported the effects of teachers' interactions with Puerto Rican mothers of educable retarded children. Mothers were encouraged to participate in their children's training. Feedback information from the teachers led to improvement in maternal expectations in some of the families.

Other recently published materials show an increase in topic specialization. This direction appears in writings both for parents and for specific professional persons. For professional persons, there are books and articles intended for social workers (Beck, 1969; Brown, 1972), physicians (Group for the Advancement of Psychiatry, 1967; Committee on Children with Handicaps, American Academy of Pediatrics, 1971); ministers (Perske,

1969; Perske, 1972); and for professional teams (Casse, 1968; Wolfensberger & Kurtz, 1969).

Specific areas which are receiving emphasis and in which writing is addressed to parents includes, e.g., recreational activities (Braaten, 1969), genetic counseling (Schlicte, 1972), community-based residential programs (National Association for Retarded Children, 1972). Especially noted is an increase in the topic of sex education for the mentally retarded (Breitenbeck, 1969; Kempton, 1971; Pattullo, 1969).

Also burgeoning in the literature are many books and pamphlets addressed chiefly to the parents of retarded children. A partial listing includes books by Attwell and Clabby (1971), Blodgett (1971), Blumenfeld (1971), Buckler (1971), Egg (1969), Gorham (1970), and Kirk, Karnes, and Kirk (1968). If printed information were all that parents needed to solve their problems with mental retardation, the supply is abundant. Some of it is surely useful to some parents; but obviously the answers to their needs are not all found in books.

From parents' own expressions, they appear to be asking for more personalized interaction with professional helping persons, honest answers, and consideration of their feelings and emotions in conditions of stress concerning their individualized circumstances

(Cummings & Stock, 1962; Ehlers, 1966; Harris & Shechtman, 1959; Justice, O'Connor, and Warren, 1971; Thurstone, 1960).

Wolfensberger and Kurtz (1971) report finding that many professionals hold beliefs about parental reaction to, and knowledge about, retardation for which there exists little or no empirical basis. They consider it essential that stereotyped ideas about parents' feelings, attitudes, and needs be abandoned.

Summary Statement

As illustrated in the studies by Farber, the early observations of effects upon parents of having a retarded child focused on the influence of demographic and social variables as they affected family organization and the decisions of the parents to keep the child at home or to place the child in an institution.

Since the 1950's brief and extended counseling has been offered to parents of retarded children, and more recently, direct involvement in training programs by schools and agencies. Reports of benefits to the children are frequent, but little has been reported on the affects on the lives of the parents.

This study of the parent education program at Sheltering Arms was made with the intention of listening to parents and reporting as objectively as possible their perceptions of how the program fitted their individual needs as parents of retarded children.

CHAPTER III

Method and Procedure

The Sample

The purpose of this exploratory study was to examine the effects upon the parents, their families, and the community of an educational program and the professional services offered to parents of retarded children. The persons interviewed were mothers who had had a retarded child enrolled for 2 years or more at The Sheltering Arms Day School and Research Program for Mentally Retarded Children between September 1955 and June 1973.

Of the 171 mothers who met this criterion, 8 were eliminated because they were boarding home mothers or relatives of the child's natural parents. It was ascertained that 40 families had moved out of the geographical area or could not be located.

From the available population of 123 families, 61 mothers were interviewed. Half the subjects (30) were drawn from the families whose child had entered the school between September 1955 and September 1962 and the other half (31) were drawn from the families whose child enrolled between September 1963 and September 1971. These groups were considered as Early Enrollees and Later Enrollees. Each group was further selected by subgroups of 15 (or 16), one group of parents having

enrolled a trainable retarded child and the other group an educable retarded child. These groupings closely represented the nature of the school population. About 50 percent of the children were in each type of program, with flexibility of movement between groups when the child's development indicated a need for change. The subgroup selection for this study was based on the final or current classification of the subject's child.

The Instrument: The Sheltering Arms Parent Interview Schedule (SA Schedule)

The Interview schedule was constructed with the assistance of The Sheltering Arms program director and staff members of the Curriculum Research and Development Center in Mental Retardation at Yeshiva University. Following the recommendations of Kerlinger (1973), the schedule contained both fixed alternative and open end items, and enabled the investigator to adjust to individual circumstances during the interview by allowing for free expression on the part of the subject, or for further probing when the investigator deemed it appropriate.

The schedule was constructed to reflect, as accurately as possible, the situations and opportunities available to the parents. These included: monthly parent group meetings; individual conferences with the director

(a child clinical psychologist), the social worker, and the teacher; and participation in school activities or parent group organization (Interview questions 1, 2, and 3).

Items were included to record the mother's perceptions of the value of the help she obtained from the director, the social worker, and the teacher (Questions 5 and 10).

Open end questions (4 and 9) gave the mothers opportunity to express their recalled feelings and needs during the child's attendance at Sheltering Arms. Free expression was invited and reinforced whenever it occurred during the interviews.

A major purpose of the investigation was to ascertain what specific information and experiences were recalled as important and judged most valuable by the parent. Inquiry was made into the mother's ability (as perceived by herself) to transmit these learnings to others and to improve her effectiveness as an individual in her family and community (Questions 6, 8, 12, and 13).

Two questions (7 and 11) were included to assess the realism of the mother's view of her child's education and future adjustment.

The order of the items was arranged to provide interest through variety, and to progress from factual data

into more personal and intimate areas of concern.

Demographic data included the child's sex, birth order, number of siblings, years at school in Sheltering Arms, years of school experience elsewhere, and the parents' current occupational status.

Method and Interpretation to Subjects

The investigator telephoned the mothers, introducing herself as a former teacher at Sheltering Arms. An interview was requested and the purpose briefly explained as an evaluation of the mother's experience in the parent program at Sheltering Arms. Appointments were made at the convenience of the mothers, and in all cases, the investigator went to the home for the interview. Employed mothers were seen evenings or on the weekends. The time required ranged from 45 minutes to 2 1/2 hours. One requested interview was refused because of the mother's lack of time. Two were rescheduled by the mothers; all interviews were held between November 10 and December 7, 1973.

Before presenting the interview questions, the basic data concerning the child and the family were verified with the mother. The investigator sought to establish an atmosphere of openness and objectivity. The value of the mother's point of view was interpreted as an important source for helping professional persons and others

to set up future programs for parents of retarded children.

The investigator read the questions, having given a blank copy of the interview schedule to the mother while recording her responses. Upon reaching question 13, the investigator exchanged copies and said,

> On this last question, there are 10 topics which might be the subject of lectures or discussions with a group of parents. First read them all carefully, and from your own experience and observation of other parents' problems, rank the topics in the order you think the subject would be important, with Number 1 the most important, Number 2 the next in importance, and so on.

The 10 topics were based on the contents of Dr. Blodgett's book (1971) of lectures and discussions with parents at Sheltering Arms.

At the close of the interviews, some of the mothers were invited (but not urged) to repeat some of their statements on a tape recorder.

Analysis of the Data

The first step in examination of the data was to establish an intercorrelational matrix of the variables in the interview schedule. The first 12 variables consisted of demographic data. The next 47 variables included responses to interview schedule questions 1 through 12. Question 13 was not included in the matrix but treated separately by rank ordering of the subitems.

Responses on subitems on three major questions (6, 8, and 12) were collapsed because of the close relationship of the subitems within each question. Summative scores were used as independent variables since a high magnitude of correlation was noted between the subitems in each case.

The three major areas of exploration were specified as Generalizability (Question 6 with 7 subitems), Family Help (Question 8 -- 10 subitems), and Impact on the Mother's Personal Life (Question 12 -- 7 subitems).

Generalizability is used as a global term. It represents the degree to which the mother felt confident that she was able to communicate to other persons a variety of learnings she believed she had acquired through participation in the Sheltering Arms program.

Family Help is a composite of reported effectiveness of the program in alleviating or resolving problems involving spouse, siblings, relatives, and neighbors as well as in managing problems related directly to the retarded child. Two subitems related to the mother's intrapersonal emotional experience.

Impact on the Mother's Personal Life explored changes in her social behavior as reported by the mother in her interactions with her family and the community.

Based upon the obtained correlations of the 59 variables, a number of regression analyses were performed.

The purpose was to identify which organizational features (e.g., lectures, staff conferences, parent participation in activities) contributed to the stated goals of the program (e.g., the parents' improved understanding of mental retardation, increased competency in management of family problems, improved feelings of self worth and abilities to plan appropriately for the retarded child). The reported effects of the program are the dependent variables, and the organizational methods or offerings the independent or predictor variables. The predictor variables which show statistically significant relationships to the reported effects may be viewed as tentative guides for setting up similar parent education programs.

In exploring the mothers' perceptions of the contributions of the 3 professional staff persons -- the director, the social worker, and the teacher -- the chi square test was used to observe the expected source of professional help in crises situations.

Points of view, subjectively expressed, were noted during the interviews and are summarized to provide additional information about the mothers' recalled impressions and experiences with the Sheltering Arms total program.

CHAPTER IV

Results

The analysis of responses to the Sheltering Arms Interview Schedule showed high positive opinions of the general worth of the parent education program. This supportive attitude was expressed by mothers across all differences in socioeconomic status, regardless of birth order of the retarded child, year of his or her birth, number of years of the child's attendance at Sheltering Arms, degree of retardation, and number of siblings in the family.

Some criticisms in a negative vein were offered by a few mothers. These opinions will be treated in the discussion chapter.

Descriptive Data

The retarded children. In the sample families, there were 23 girls and 38 boys; 31 were enrolled in the classes for trainable mentally retarded, and 30 in educable classes. Most of the children (66%) were aged 5, 6, or 7 years at the time of enrollment, and the number of years enrolled ranged from 2 to 8 (Tables 1 and 2), with 67% having attended the school 5 or more years. The group included a sampling of children first enrolled between 1955 and 1971 (Table 3).

TABLE 1

AGE OF CHILD WHEN FIRST ENROLLED IN SHELTERING ARMS

Age of Child at Enrollment	Frequency	Percentage
5	1	2
6	15	25
7	24	39
8	5	8
9	8	13
10	4	7
11	3	5
12	1	2

TABLE 2

NUMBER OF YEARS CHILD ATTENDED SHELTERING ARMS

No. of Years Attended	Number of Children	Percentage
2	9	15
3	9	15
4	2	3
5	13	21
6	6	10
7	15	25
8	7	11

Note: 19 children were in current attendance at the time of the interview.

TABLE 3

YEAR OF CHILD'S FIRST ENROLLMENT

Year	No. in Sample	Year	No. in Sample
1955	5	1964	5
1956	5	1965	2
1957	3	1966	3
1958	4	1967	4
1959	3	1968	3
1960	1	1969	2
1961	5	1970	3
1962	3	1971	6
1963	4		

Nineteen (31%) of the mothers had children attending the school in the fall of 1973 at the time of the interview, and 69% of the mothers had children who had "graduated" or were no longer at Sheltering Arms.

Of the children, 20 (33%) were first born, and 12 (20%) ranked second in birth order. A majority (84%) lived in families of 3 or more children, and 44 (72%) had attended a public or private school at least one year before entering Sheltering Arms. Details appear in Tables 4 and 5.

The parents. The current occupational status of both fathers and mothers was recorded in broad classifications (see page 53). There were no unemployed fathers. (Two were deceased.) There were 18 professional or executive fathers, 27 in skilled nonmanual or managing positions, and 16 in semiskilled or unskilled occupations.

TABLE 4

BIRTH ORDER OF RETARDED CHILDREN IN SAMPLE

Order	Frequency	Percentage
1	20	33
2	12	20
3	7	11
4	11	18
5	8	13
8	2	3
9	1	2

TABLE 5

NUMBER OF SIBLINGS OF THE RETARDED CHILD IN FAMILIES INTERVIEWED

No. of Siblings	Frequency	Percentage
None	1	2
One	9	15
Two or three	25	41
Four or more	26	43

A majority of the mothers, 35 (57%) were homemakers. Of the working group, 5 were professional, 9 skilled nonmanual or managers, and 12 were employed in semi- or unskilled jobs.

Parent Participation in the Total Program

Parent group activities. Ninety percent (N = 55) of the mothers interviewed said they had attended an average of 5 or more of the 9 monthly group meetings a year over the period of the child's enrollment. This was substantially verified by records kept at school. (There were no attendance records available from the first 6 years of the school's operation.) The group was organized with officers and committees in a structure similar to PTA's, but was not affiliated with any other parent group.

Other activities. In addition to the group participation, parents were provided opportunities to assist in the school program. These included scouts, boys' and girls' clubs, field trips, special programs, birthday parties, and picnics. A record of participation appears in Table 6. A scoring system was devised as a rough measure of degree of participation. The range of scores for this group was from zero to 18, with a mean of 8.3 and an SD of 4.3

Interaction with Professional Staff

Individual conferences. As a measure of the degree to which parents availed themselves of opportunities to interact with the director, the social worker, and the teacher, the mothers were asked (Question 3) how often they had conferences, on a yearly average. Their responses

TABLE 6

MOTHERS' AND FATHERS' REPORTED PARTICIPATION IN PARENT GROUP AND EXTRACURRICULAR ACTIVITIES

Participation Score	Frequency	Percentage
None	1	2
2	2	3
3	4	7
4	7	11
5	6	10
6	5	8
7	5	8
8	2	3
9	6	10
10	3	5
11	4	7
12	6	10
13	1	2
14	4	7
16	3	5
17	1	2
18	1	2

were as follows:

No. of Conferences	No. of Mothers Responding	%
3 or fewer per year	21	34.4
4 to 8 a year	19	31.1
More than 8 a year	21	34.4
Totals	61	100.0

Evaluation of Help Received

The professional staff members who were available to parents for individual or group conferences were the director, the social worker, and the teacher. They were rated by the mothers in two questions: general helpfulness and source of help in a crisis situation. In a crisis situation, as reported by 37 mothers, the director was a source of aid to 26 mothers, the social worker in 13 cases, and the teacher in 14 cases.

The general helpfulness of each professional staff person was rated by the mothers in three degrees: very helpful, usually helpful, or not much help. The total ratings were:

Rating	Director	Social Worker	Teacher
Very helpful	52	40	52
Usually helpful	7	10	6
Not much help	2	11	3

Family Help

Individual items of the Family Help question (No. 8) inquired into the areas where conflicts and problems had arisen in which the retarded child was involved. Mothers were asked to what degree the Sheltering Arms program had contributed to alleviating or resolving the intrafamily problems. Responses to Question 8 are reported in Table 7.

In areas where problems were acknowledged, the parent program was recalled as most helpful especially in regard to the mother's worry and depression and with her own emotions related to the retarded child. With respect to the child, the program was judged as having assisted in discipline, future planning, and with parents' concerns about the child's sex drive.

Responses in Question 12 (Impact on Personal Life of the Mother) reflect that many mothers perceived the program as having brought about the development of new friendships and as having improved their own feelings of self worth (Table 8).

When mothers were asked to rank 10 topics for a parent education program (Question 13) based on their own experience and present opinion, 35 (57%) of them chose as the number one topic in importance "What is mental retardation?" The second chosen topic was "Understanding your own feelings," rated first or second by 28 mothers

TABLE 7

MOTHERS' RECALLED DEGREE OF EFFECTIVENESS
OF PARENT PROGRAM ON FAMILY PROBLEMS

Item		Not a Problem		Helped a Great Deal		Helped Somewhat	
		No.	%	No.	%	No.	%
8a	Other children picked on your child	32	50	10	16	13	21
8b	Adults were unkind to your child	54	89	2	3	3	5
8c	We had problems with relatives and friends	35	57	16	26	8	13
8d	Siblings had difficulties understanding	40	66	11	18	8	13
8e	Discipline of the retarded child	18	30	28	46	9	15
8f	Medical and dental problems were a concern	30	49	17	28	7	11
8g	Future plans for retarded child	13	21	29	48	12	20
8h	My own feelings about the child	12	20	36	59	10	16

TABLE 7

MOTHERS' RECALLED DEGREE OF EFFECTIVENESS
OF PARENT PROGRAM ON FAMILY PROBLEMS

	Not a Problem		Helped a Great Deal		Helped Somewhat		Helped Not at All	
	No.	%	No.	%	No.	%	No.	%
dren picked on	32	50	10	16	13	21	6	10
e unkind to	54	89	2	3	3	5	2	3
blems with and friends	35	57	16	26	8	13	2	3
ad difficulties ing	40	66	11	18	8	13	2	3
of the retarded	18	30	28	46	9	15	6	10
d dental prob- a concern	30	49	17	28	7	11	7	11
ns for retarded	13	21	29	48	12	20	7	11
lings about	12	20	36	59	10	16	3	5

TABLE 7 (continued)

Item		Not a Problem		Helped a Great Deal		Helped Somewhat	
		No.	%	No.	%	No.	%
8i	General worry and depression	11	18	37	61	11	18
8j	Concern about retarded child's sex drive, experiences, and relationships	22	36	28	46	7	11

TABLE 7 (continued)

	Not a Problem		Helped a Great Deal		Helped Somewhat		Helped Not at All	
	No.	%	No.	%	No.	%	No.	%
ry and de-	11	18	37	61	11	18	2	3
ut retarded drive, ex- and relation-	22	36	28	46	7	11	4	7

TABLE 8

IMPACT OF PARENT PROGRAM ON PERSONAL LIFE OF MOTHERS

Item		Much Improved		Some Change		No Change	
		No.	%	No.	%	No.	%
12a	Family relationships	18	30	20	33	23	38
12b	Relationship between husband and wife	9	15	13	21	39	64
12c	Developed new friendships	38	62	14	23	9	15
12d	Became interested in MARC, etc.	17	28	16	26	28	46
12e	Became active in outside interests (volunteer)	16	26	15	25	30	49
12f	Developed new occupational goals	10	16	3	5	48	79
12g	Feelings of self worth	36	59	17	28	8	13

TABLE 9

MOTHERS' RANKING OF TOPICS IN ORDER OF PERCEIVED IMPORTANCE FOR A PARENT EDUCATION PROGRAM

Topic	Rank of Importance										M
	1	2	3	4	5	6	7	8	9	10	
What retardation is	35	11	6	4	1	-	-	1	1	2	
What special education is	3	5	14	8	10	7	5	4	3	2	
How to manage family living problems	2	9	8	5	12	8	8	7	1	1	
What testing tells us	1	8	6	7	5	7	9	2	5	11	
How to help children learn	1	1	10	11	14	4	9	5	4	2	
The importance of social skills	-	2	4	3	11	15	5	9	10	2	
Making plans for the future	3	1	2	2	2	3	7	7	9	25	
Getting the most out of professional help	5	7	3	10	2	7	11	12	3	1	
Understanding our own feelings	11	17	8	11	1	5	3	3	2	-	
Problems of adolescence	-	-	-	-	3	5	4	11	23	15	

TABLE 9

ERS' RANKING OF TOPICS IN ORDER OF PERCEIVED IMPORTANCE FOR A PARENT EDUCATION PROGRAM

	Rank of Importance										
	1	2	3	4	5	6	7	8	9	10	Mean Rank
is	35	11	6	4	1	-	-	1	1	2	1.7
cation is	3	5	14	8	10	7	5	4	3	2	2.9
ily	2	9	8	5	12	8	8	7	1	1	3.0
s us	1	8	6	7	5	7	9	2	5	11	3.6
ren learn	1	1	10	11	14	4	9	5	4	2	3.3
social	-	2	4	3	11	15	5	9	10	2	4.3
the	3	1	2	2	2	3	7	7	9	25	4.8
out of	5	7	3	10	2	7	11	12	3	1	3.3
own	11	17	8	11	1	5	3	3	2	-	2.3
escence	-	-	-	-	3	5	4	11	23	15	8.6

(46%). The subjects of least importance were "Making plans for the future," ranked by 25 mothers in tenth place, and "Problems of adolescence," ranked in ninth or tenth place by 38 (62%). The range of choices is shown in Table 9.

Major Findings from the Intercorrelational Matrix

The correlational matrix (Table 10) exhibits a number of statistically significant relationships between features of the program and the benefits reported by the mothers.

It is observed that there are almost no significant relationships between factors such as age of entry into the program, sex, degree of retardation (trainable or educable), birth order, or number of siblings with reported benefits from the program. A few items which do show statistical significance can be characterized as expected findings (e.g. children classified as educable show a higher level of employment in current status (Variable 6), $r = .33$, $p < .01$; the parents' expectations for the child's future independent living were higher for educable children (Variables 45 and 49; $r = .49$, $p < .01$ for both items).

It is noted also that more boys than girls were probably involved in crisis situations, as recalled by the mothers, but this observation must be associated

Variable Number	1	2	3	4	5	6	7	8	9	10	11	12	
1	1.00												
2	-.22	1.00											
3	-.10	-.58**	1.00										
4	.16	-.06	.23	1.00									
5	.14	-.21	-.37**	-.10	1.00								
6	.33**	-.30*	.27*	-.01	-.17	1.00							
7	-.10	-.04	-.07	-.06	.12	-.09	1.00						
8	.09	.16	-.22	.01	.15	-.15	-.19	1.00					
9	-.13	-.22	.22	-.01	.24	-.10	.49**	-.19	1.00				
10	.19	-.14	-.42**	-.21	.81**	-.16	.06	.16	.16	1.00			
11	.06	-.01	.19	.20	-.20	.09	-.09	-.20	-.11	-.11	1.00		
12	.13	-.17	-.15	.17	.07	.10	-.16	.16	-.23	.02	-.01	1.00	
13	.10	-.17	.14	.08	.20	.12	-.18	.09	.21	.22	.02	.01	1.0
14	-.05	-.34	.50**	.21	-.10	.07	-.13	-.06	.06	-.20	.10	.06	.2
15	.00	-.11	-.02	-.04	.16	-.04	-.03	-.02	.05	.13	.12	.11	.2
16	-.01	-.35**	.18	.28*	.00	.11	-.02	-.35**	-.08	-.07	.32*	.03	-.0
17	-.09	-.17	-.01	.19	.02	-.06	.04	-.18	-.07	-.11	.23	.04	-.1
18	-.12	-.21	.18	.40**	-.07	.00	.07	-.18	-.06	-.15	.19	-.08	-.1
19	.05	-.18	.02	-.09	.16	-.01	.15	-.19	.02	.08	.18	.03	.0
20	.09	-.11	.13	.34**	.06	-.13	-.07	.15	-.06	-.03	.18	-.02	.0
21	.17	-.32	.16	.06	.22	.07	.08	-.15	.23	.19	-.03	-.08	.3
22	.11	.03	-.10	-.09	.20	-.04	.05	.02	.14	.13	.01	-.17	-.0
23	.25*	-.18	.10	-.10	.07	.11	.04	-.15	-.05	.05	.00	-.11	.4
24(6a)	-.06	-.19	.04	.01	.16	.07	-.02	-.20	.14	.18	.17	-.15	.1
25(6b)	.05	-.19	.12	.09	.05	.06	-.19	-.09	.00	.08	.02	.03	.2
26(6c)	.08	-.23	-.15	-.08	.43**	.02	-.07	-.08	.17	.44**	-.01	.04	.2
27(6d)	.02	-.24	.12	-.11	.21	.04	.01	-.16	.11	.27*	-.04	-.12	.0
28(6e)	-.26*	-.06	.14	.15	.07	-.05	-.04	-.17	.20	.05	.19	-.02	.2
29(6f)	-.08	-.22	.09	.12	.18	.06	.00	-.07	.16	.09	.07	.04	.2
30(6g)	-.24	-.14	.02	.03	.12	-.12	.09	-.09	.14	.04	.05	.07	.2
31	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.0
32(8a)	.01	-.17	.05	.04	.11	-.10	-.06	.06	.07	.08	-.09	.06	.0
33(8b)	-.04	-.15	.10	.06	.00	.10	-.01	.19	.08	-.12	.04	.05	.1
34(8c)	.14	-.26*	.16	.25*	-.04	.12	-.13	-.14	-.17	-.10	.23	.08	.0
35(8d)	.11	-.01	-.04	.12	.20	-.13	.34**	-.03	.15	.03	-.13	-.01	-.0
36(8e)	.05	-.12	-.04	-.06	.20	-.03	.22	-.15	.19	.23	.11	-.03	.2
37(8f)	.14	-.05	-.03	.13	.01	.03	.07	.12	.04	.04	.11	-.07	.0
38(8g)	-.19	-.05	.19	-.01	-.15	.02	-.09	-.18	.07	-.26*	.12	.06	.1
39(8h)	.10	.07	-.02	.15	-.11	.00	.07	-.12	-.11	-.14	-.02	-.08	-.0
40(8i)	-.13	.17	.08	.03	-.27*	-.03	.05	-.23	-.05	-.37**	.05	-.20	-.0
41(8j)	-.03	-.02	.26*	-.06	-.05	.15	-.08	-.03	.01	-.05	.08	-.28*	.1
42	-.04	-.08	.02	.10	.09	.04	-.04	-.13	.02	-.14	.04	-.06	-.0
43	.16	-.21	.22	.29*	-.29*	-.01	-.08	-.12	-.11	-.31*	.25*	-.11	.0
44	.02	.03	-.07	.01	.02	.09	-.15	.08	-.08	-.06	.09	.01	.0
45(11a)	.49**	-.21	.03	.01	.13	.25*	-.13	.00	-.16	.16	-.10	-.04	.1
46(11b)	-.21	-.04	.21	-.03	-.10	.01	-.09	.15	.20	-.16	.00	.09	.0
47(11c)	.05	.10	-.03	.25*	-.13	.08	.22	-.20	.01	-.09	.09	-.12	-.2
48(11d)	-.24	.32*	-.28*	-.15	-.15	-.29*	.03	.00	-.18	-.11	.07	-.01	-.1
49	.49**	-.21	.03	.01	.13	.25*	-.13	.00	-.16	.16	-.10	-.04	.1
50	-.16	-.07	.20	.03	-.08	.03	-.09	.16	.23	-.13	.04	.10	.0
51	.05	.10	-.03	.25*	-.13	-.08	.22	-.20	.01	-.09	.09	-.12	-.2
52	-.24	.32*	-.28*	-.15	-.15	-.29*	.03	.00	-.18	-.11	.07	-.01	-.1
53(12a)	-.14	.10	.09	.05	.04	.02	.01	-.20	.11	-.11	.05	-.21	.1
54(12b)	.03	.02	.11	.26*	-.08	-.04	-.13	.07	-.03	-.18	.07	.09	.1
55(12c)	-.01	-.14	-.01	.04	.18	.08	-.18	-.02	.00	.14	.08	.12	.5
56(12d)	-.06	-.10	.24	.28*	-.14	.02	.04	.37**	-.07	-.19	.02	-.07	.1
57(12e)	-.08	-.18	.21	.15	-.02	-.08	.09	.18	-.09	-.07	.05	.04	.1
58(12f)	-.14	-.12	.20	.08	.00	-.01	-.11	.02	-.08	-.01	.42**	-.05	-.0
59(12g)	.01	-.24	-.32*	-.07	-.13	.24	-.03	-.05	-.11	-.18	.12	-.34**	.0
Means	1.49	8.54	5.16	1.62	62.82	3.34	3.25	3.44	2.85	1.31	1.74	3.03	1.9
S.D.	.50	1.55	2.00	.48	5.17	1.45	.76	1.00	1.90	.46	.99	.75	.3

* $p < .05$
** $p < .01$

11	12	13	14	15	16	17	18	19	20	21	22	23	24(6a)	25
.00														
.01	1.00													
.12	.01	1.00												
.20	.06	.28*	1.00											
.12	.11	.20	.43**	1.00										
.32*	.03	-.02	.22	.24	1.00									
.23	.04	-.18	.15	.10	.68**	1.00								
.19	-.08	-.16	.07	.08	.54**	.63**	1.00							
.18	.03	.04	.10	.14	.33**	.15	.04	1.00						
.18	-.02	.05	.19	.28*	.34**	.18	.24	.48**	1.00					
.03	-.08	.35**	.19	.17	.00	-.04	.05	-.14	-.29*	1.00				
.01	-.17	-.01	.10	.30*	-.09	-.02	-.02	.14	.17	.24	1.00			
.00	-.11	.42**	.25*	.20	-.13	-.17	-.12	-.19	-.25*	.62**	.24	1.00		
.17	-.15	.31*	.14	.29*	.40**	.24	.27*	.30*	.32*	.19	.25*	.05	1.00	
.02	.03	.20	.21	.25*	.24	.10	.21	.02	.25*	.40**	.13	.18	.40**	1.0
.01	.04	.20	.14	.30*	.30*	.28*	.17	.04	.19	.30*	.23	.09	.43**	.5
.04	-.12	.09	.20	.30*	.21	.09	.05	.23	.25*	.37**	.32*	.10	.45**	.7
.19	-.02	.23	.14	.26*	.23	.13	.16	.12	.26*	.24	.10	-.03	.55**	.4
.07	.04	.23	.17	.28*	.33**	.21	.35**	.04	.13	.38**	.01	.13	.62**	.4
.05	.07	.20	.16	.19	.44**	.40**	.36**	.09	.13	.25*	.01	.04	.50**	.3
.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.0
.09	.06	.00	.31	.23	.08	.07	-.15	-.01	.12	.04	.13	.06	-.17	.1
.04	.05	.11	.12	.12	.13	.12	.19	.18	.44**	-.23	.01	-.11	.23	.1
.23	.08	.06	.24	.25*	.41**	.33**	.45**	.03	.23	.16	-.04	.12	.21	-.0
.13	-.01	-.09	.16	.16	.06	.07	.01	.37**	.27*	.06	.22	-.03	-.01	-.0
.11	-.03	.28*	.17	.41**	.22	.14	.05	.18	.19	.29	.22	.28*	.27*	.2
.11	-.07	.00	.14	.26*	.18	.22	.21	.24	.31*	-.03	.27*	-.02	.10	.0
.12	.06	.17	.32*	.31*	.20	.36**	.21	.10	.06	.13	.02	.09	.41**	.1
.02	-.08	-.05	.08	.23	.30*	.33**	.37**	.00	.06	.20	.15	.19	.13	.0
.05	-.20	-.03	.10	.22	.27*	.30*	.27*	.08	.07	.20	.09	.30*	.25*	.1
.08	-.28*	.16	.42**	.22	.12	.12	-.01	-.17	.05	-.02	.04	.14	.05	.1
.04	-.06	-.09	.24	.32*	.20	.38**	.28*	.16	.13	.03	-.03	.07	.22	.1
.25*	-.11	.00	.39**	.38**	.37**	.36**	.31*	.07	.28*	.16	-.02	.13	.26*	.2
.09	.01	.04	.11	.15	.20	.24	.14	-.04	.02	.06	.06	.04	.36**	.3
.10	-.04	.16	.11	-.02	.16	.10	.04	.14	.04	.08	-.17	.09	-.01	.0
.00	.09	.05	-.11	-.10	-.21	-.13	-.10	-.12	.04	-.23	-.06	-.21	-.10	-.1
.09	-.12	-.23	.01	.02	.10	-.02	.13	-.02	.11	.04	.17	.05	-.01	.0
.07	-.01	-.10	.07	.17	.01	.13	.06	-.06	-.14	.10	.17	.10	.17	.1
.10	-.04	.16	.11	-.02	.16	.10	.04	.14	.04	.08	-.17	.09	-.01	.0
.04	.10	.07	-.10	-.12	-.17	-.09	-.05	-.12	.05	-.12	-.01	-.17	-.07	-.0
.09	-.12	-.23	.01	.02	.10	-.02	.13	-.02	.11	.04	.17	.05	-.01	.0
.07	-.01	-.10	.07	.17	.01	.13	.06	-.06	-.14	.10	.17	.10	.17	.1
.05	-.21	.17	.17	.24	.25*	.07	-.04	.15	.25*	-.08	.09	.00	.23	-.0
.07	.09	.15	.21	.00	.08	.07	.04	.18	.36**	-.16	.18	-.08	.12	.1
.08	.12	.51**	.34**	.27*	.21	.20	.07	.10	.18	.16	.15	.21	.27*	.1
.02	-.07	.19	.28*	.16	.10	.21	.30*	-.08	.30*	.00	-.04	.07	-.05	.0
.05	.04	.11	.38**	.31*	.27*	.34**	.35**	.09	.29*	.15	.24	.13	.10	.1
.42**	-.05	-.05	.24	.08	.43**	.36**	.36**	-.05	.09	.01	-.17	-.24	.24	.1
.12	-.34**	.06	.18	-.03	.24	.30*	.24	.06	.14	.05	.05	.20	.11	.0
.74	3.03	1.90	8.31	2.00	1.64	1.48	.43	.21	.23	2.82	2.48	2.80	2.57	2.6
.99	.75	.30	4.27	.83	.57	1.61	.49	.40	.42	.46	.78	.51	.61	.5

TABLE 10

CORRELATION MATRIX, MEANS AND STANDARD DEVIATIONS

24(6a)	25(6b)	26(6c)	27(6d)	28(6e)	29(6f)	30(6g)	31	32(8a)	33(8b)	34(8c)	35(8d)	36(8e)	37(8f)
1.00													
.40**	1.00												
.43**	.53**	1.00											
.45**	.73**	.52**	1.00										
.55**	.40**	.30*	.50**	1.00									
.62**	.43**	.37**	.34**	.70**	1.00								
.50**	.37**	.30*	.25*	.44**	.58**	1.00							
.00	.00	.00	.00	.00	.00	.00	1.00						
-.17	.11	.29*	.26*	.03	-.10	-.12	.00	1.00					
.23	.15	.23	.03	.06	.18	.11	.00	.06	1.00				
.21	-.03	.15	-.07	.25*	.33**	.12	.00	-.12	.18	1.00			
-.01	-.01	.04	.19	-.03	-.05	.09	.00	.06	.18	.13	1.00		
.27*	.28*	.43**	.34**	.34**	.31*	.45**	.00	.14	.00	.12	.32*	1.00	
.10	.00	.18	.20	.02	.08	-.06	.00	.31*	.28*	.16	.38**	.35**	1.00
.41**	.14	.16	.13	.47**	.46**	.36**	.00	.02	.16	.31*	.16	.24	.24
.13	.05	.11	.00	.07	.29*	.32*	.00	-.01	-.12	.34**	.31*	.32*	.16
.25*	.18	.01	.13	.20	.31*	.28*	.00	.00	-.02	.25*	.12	.20	.11
.05	.14	.15	.10	-.01	-.06	.14	.00	.27*	-.04	.07	-.01	.15	.05
.22	.10	.18	.10	.25*	.36**	.08	.00	.07	.15	.24	.08	.11	.17
.26*	.24	-.01	.18	.24	.33**	.20	.00	.11	.14	.45**	.07	.14	.32*
.36**	.34**	.26*	.31*	.24	.23	.30*	.00	-.03	.11	-.15	.03	.06	.06
-.01	.08	.11	.14	-.06	.03	-.06	.00	-.06	.05	.16	.25*	.04	.17
-.10	-.11	-.12	-.20	-.04	-.12	-.18	.00	.09	.10	-.17	-.38**	-.18	-.27*
-.01	.04	-.02	.05	.01	-.06	.08	.00	-.07	-.11	.06	.18	.06	.22
.17	.10	.05	.00	.21	.23	.25*	.00	.04	-.08	.11	.03	.17	.09
-.01	.08	.11	.14	-.06	.03	-.06	.00	-.06	.05	.16	.25*	.04	.17
-.07	-.04	-.04	-.16	-.04	-.06	-.18	.00	.11	.12	-.16	-.40**	-.19	-.23
-.01	.04	-.02	.05	.01	-.06	.08	.00	-.07	-.11	.06	.18	.06	.22
.17	.10	.05	.00	.21	.23	.25*	.00	.04	-.08	.11	.03	.17	.09
.23	-.02	.12	.14	.16	.05	.07	.00	.15	.12	.08	.23	.09	.09
.12	.16	.04	.14	.14	.06	.05	.00	.14	.32*	.06	.35**	.14	.35**
.27*	.18	.44**	.15	.31*	.29*	.39**	.00	.09	.04	.16	.01	.44**	.15
-.05	.08	-.10	.07	.18	.18	.21	.00	.02	.07	.22	.08	.20	.29*
.10	.15	.17	.27*	.24	.21	.32*	.00	.17	.21	.30*	.35**	.34**	.29*
.24	.10	.08	.14	.31*	.32*	.25*	.00	-.04	.15	.42**	.03	-.01	.06
.11	.09	.12	.10	-.06	.03	.01	.00	.03	.09	.26*	.07	.18	.14
2.57	2.67	2.41	2.66	2.36	2.33	2.16	1.00	1.02	.23	1.08	.84	1.77	1.18
.61	.56	.66	.60	.75	.72	.81	.00	1.18	.69	1.32	1.22	1.30	1.30

36(8e)	37(8f)	38(8g)	39(8h)	40(8i)	41(8j)	42	43	44	45(11a)	46(11b)	47(11c)	48(11d)	49
.00													
.35**	1.00												
.24	.24	1.00											
.32*	.16	.38**	1.00										
.20	.11	.50**	.72**	1.00									
.15	.05	.15	.10	.14	1.00								
.11	.17	.47**	.24	.41**	.05	1.00							
.14	.32*	.36**	.25*	.31*	.25*	.39**	1.00						
.06	.06	.21	.16	.20	.05	.21	.11	1.00					
.04	.17	.17	.14	-.08	.13	.09	.10	.09	1.00				
.18	-.27*	-.15	-.28*	-.11	.04	-.03	-.12	-.17	-.62**	1.00			
.06	.22	-.12	.15	.13	-.04	-.15	.12	.10	-.16	-.41	1.00		
.17	.09	-.22	.18	.17	.06	.10	.09	.08	-.12	-.32*	-.08	1.00	
.04	.17	.17	.14	-.08	.13	.09	.10	.09	1.00	-.62**	-.16	-.12	1.00
.19	-.23	-.18	-.29*	-.12	-.07	-.05	-.09	-.16	-.61**	.97**	-.41**	-.31*	-.61**
.06	.22	-.12	.15	.13	-.04	-.15	.12	.10	-.16	-.41**	1.00	-.08	-.16
.17	.09	.22	.18	.17	.06	.10	.09	.08	-.12	-.32*	-.08	1.00	-.12
.09	.09	.26*	.27*	.32*	.26*	.02	.05	.28*	.11	-.15	.03	-.11	.11
.14	.35**	.28*	.21	.14	-.06	-.03	.12	.19	.13	-.02	.02	-.17	.13
.44**	.15	.35**	.16	.09	.25*	.13	.06	.23	.21	-.15	-.07	.06	.21
.20	.29*	.15	.19	.19	.23	.09	.29*	.08	.07	-.02	.14	-.05	.07
.34**	.29*	.31*	.22	.15	.16	.01	.25*	.14	.15	-.24	.09	.10	.15
.01	.06	.32*	.01	-.02	.28*	.13	.33**	.16	.17	-.10	-.16	.17	.17
.18	.14	.13	.27*	.28*	.24	.05	.23	.00	.16	.01	-.04	-.12	.16
.77	1.18	1.93	2.15	2.21	1.67	5.31	4.70	2.75	.49	1.69	.26	.15	1.97
.30	1.30	1.20	1.19	1.15	1.36	2.30	2.78	.78	1.02	1.32	.81	.60	4.07

48(11d)	49	50	51	52	53(12a)	54(12b)	55(12c	56(12d)	57(12e)	58(12f)	59(12g)
1.00											
-.12	1.00										
-.31*	-.61**	1.00									
-.08	-.16	-.41*	1.00								
1.00	-.12	-.31*	-.08	1.00							
-.11	.11	-.16	.03	-.11	1.00						
-.17	.13	-.03	.02	-.17	.42**	1.00					
.06	.21	-.17	-.07	.06	.23	.25*	1.00				
-.05	.07	-.05	.14	-.05	-.05	.09	.30*	1.00			
.10	.15	-.22	.09	.10	.09	.11	.34**	.55**	1.00		
.17	.17	-.07	-.16	.17	.10	.01	.09	.19	.32*	1.00	
-.12	.16	.00	-.04	-.12	.15	.18	.11	.30*	.20	.26*	1.00
.15	1.97	4.82	.52	.15	1.92	1.51	2.48	1.82	1.78	1.38	2.46
.60	4.07	3.81	1.62	.60	.82	.74	.74	.84	.84	.75	.71

The Sheltering Arms Parent Interview Schedule

Scoring Code (Table 10, p. 49)

Variable	Content	Scoring Code
	Re child	
1	Trainable/educable	Trainable - 1; educable - 2
2	Age at enrollment	Years and months
3	No. of years at Sheltering Arms	School terms
4	Sex	Female - 1; male - 2
5	Year of entrance	Date - 1955 to 1971
6	Present status	1 to 7[1]
7	No. of siblings	None - 1; one - 2; two or three - 3
8	School before Sheltering Arms	1 to 4[2]
9	Birth order	1 to 9
10	Now at Sheltering Arms	No - 1; yes - 2
11	Socioeconomic status of motner	1 to 4[3]
12	Socioeconomic status of father	1 to 4[4]
	Re parents	
13	Attendance at parent groups	Four or less - 1; five or more - 2
14	Participation in activities	1 to 18; one point each year (each activity)
15	Frequency of staff conferences	Three or less - 1; four to eight - 2; eight or more - 3
16	Occurrence of a serious crisis	No - 1; yes - 2
17	Nature of serious crisis	1 to 5[5]
18	Director aided crisis	Yes - 1
19	Social worker aided crisis	Yes - 1
20	Teacher aided crisis	Yes - 1
21	General value of help - director	Not much help - 1; usually helpful - 2; very helpful - 3
22	General value of help - social worker	Not much help - 1; usually helpful - 2; very helpful - 3

Variable	Content	Scoring Code
23	General value of help - teacher	Not much help - 1; usually helpful - 2; very helpful - 3
	GENERALIZABILITY	(6a to 6g)
24(6a)	Explain mental retardation to siblings	Not very useful - 1; moderately useful - 2; very useful - 3
25(6b)	What a mentally retarded child is like	
26(6c)	What can we learn from testing	
27(6d)	What a retarded child can learn	
28(6e)	What to do - future planning	
29(6f)	Where child may go after Sheltering Arms	
30(6g)	What community facilities can help	
31	Is there a single best plan for all retarded children?	No - 1; yes - 2
	FAMILY HELP	(8a to 8j)
32(8a)	Other children picked on mentally retarded child	Not a problem - 0; program was no help - 1; helped somewhat - 2; helped a great deal - 3
33(8b)	Adults unkind to retarded child	
34(8c)	Relatives and friends	
35(8d)	Siblings had trouble	
36(8e)	Disciplining retarded child	
37(8f)	Medical and dental problems	
38(8g)	Concerns for future plans	
39(8h)	Parents' feelings about mentally retarded child	
40(8i)	Parents' worry and depression	
41(8j)	Concerns over mentally retarded child's sex drive	

Variable	Content	Scoring Code
42	Parents' felt needs at child's first enrollment	1 to 9[6]
43	Parents' felt needs during child's enrollment	1 to 9[7]
44	Parents' satisfaction with school program	Not helpful - 1; moderately helpful - 2; very helpful - 3
	PARENT EXPECTATIONS	(11a to 11d)
45(11a)	Child will live alone; be independent	Not expected - 1; moderate likelihood - 2; excellent likelihood - 3
46(11b)	Child can live in foster home, earn part support	
47(11c)	Child will live at home, be some help	
48(11d)	Child will reside in institution, get along well	
	DEGREE OF SUCCESS EXPECTED	(49 to 52)
49	With 11a - (X4)	Not expected - 1; moderate likelihood - 2; excellent likelihood - 3
50	With 11b - (X3)	
51	With 11c - (X2)	
52	With 11d - (X1)	
	IMPACT ON PARENTS' LIFE	(12a to 12g)
53(12a)	Family relationships	No change - 1; some change for better - 2; much improved - 3
54(12b)	Husband-wife relationship	
55(12c)	Developed new friendships	
56(12d)	New interest in MARC and others	
57(12e)	Became active - outside or volunteer	
58(12f)	Developed new occupational goals	
59(12g)	Feelings of self worth	

Footnotes

[1] Institution - 1; at home, no school or employment - 2; at home, in school - 3; at home, earning, sheltered workshop - 4; at home, part time employment - 5; at home, full time employment - 6; in group home - 7.

[2] None - 1; day care, preschool - 2; public or private school less than 1 year - 3; public or private school more than one year - 4.

[3] Homemaker - 1; semi or unskilled employment - 2; skilled nonmanual or managerial - 3; executive or professional - 4.

[4] Unemployed - 1; semi or unskilled - 2; skilled nonmanual or managerial - 3; executive or professional - 4.

[5] Transitory incident involving retarded child - 1; sibling involved - 2; husband-wife relationship - 3; decision to place child out of home; to apply for state guardianship; or to arrange for sterilization of child - 4; parents' emotional acceptance of total problem - 5.

[6] No special need - 1; a good school for the child - 2; help with discipline and guidance - 3; help with long range plans for child - 4; help with management of siblings and friends - 5; mother needed time alone, some freedom and peace of mind - 6; support and reassurance from other parents who had similar problems - 7; knowledge and understanding of mental retardation - 8; multiple needs -- most of the above - 9.

[7] No special need - 1; a place for child to go to school - 2; management and discipline, understanding child better - 3; help with speech development - 4; improve child's life, long term plans for future, etc. - 5; help in dealing with family problems, siblings - 6; mother's own feelings and morale, need to accept self and child - 7; to learn more about many aspects of mental retardation, cognitive understanding - 8; growth in self worth, ability to solve problems, and to help others with similar problems - 9.

with the fact that there were more boys than girls (38 vs. 23) enrolled in the school.

Attendance at Parent Meetings

The parents' high attendance at group meetings is associated with the perception of highly valued assistance from the director and the teacher ($r = .35$, $p < .01$; $r = .42$, $p < .01$). Attendance at the meetings is also associated with the development of parents' interest in joining MARC or other groups concerned with retarded children ($r = .51$, $p < .01$). Two areas of specific help correlate with attendance at general meetings: explaining mental retardation to siblings ($r = .31$, $p < .05$) and disciplining (managing) the retarded child ($r = .28$, $p < .05$).

Extra Curricular Activities

Participation in school activities is related to the number of staff conferences ($r = .43$, $p < .01$); to a perception of high value of the teachers' help ($r = .25$, $p < .05$). Benefits from entering into school activities also relate to the mothers' personal lives in the development of new friendships ($r = .34$, $p < .01$), increased activity in volunteer work ($r = .38$, $p < .01$), and more interest in other organizations ($r = .28$, $p < .05$). High participation in school activities is associated with aid with concerns over the retarded child's sex drive,

experiences, and relationships (r = .42, p < .01).

Individual Conferences

High frequency of staff conferences appears to be related significantly to more benefits than either group meeting attendance or participation in school activities. A high number of staff conferences is related to valuing the assistance of the teacher in a crisis situation and the social worker in general (r = .28, p < .05; r = .30, p < .05). All general learnings (Generalizability) are associated with staff conferences at the .05 level except knowing about other community facilities.

Conferences also were related to family help in discipline of the retarded child (r = .41, p < .01); in dealing with relatives and friends (r = .25, p < .05), and in future planning and placement out of Sheltering Arms (r = .26, p < .05; r = .31, p < .05). Strong needs felt by the mother during the child's enrollment were associated with more conferences (r = .38, p < .01).

Perceptions of the Professional Staff

The director. Positive views of the director appear related to high scoring of the general learnings: what a retarded child is like (r = .40, p < .01); what a retarded child can learn (r = .37, p < .01); what can be learned from testing (r = .30, p < .05); placement after Sheltering Arms and what other community facilities can

help (r = .38, p < .01; r = .25, p < .05). Highly valued help from the director is related to crisis situations: decision-making about institutionalization, placement elsewhere, or sterilization (r = .35, p < .01; r = .36, p < .01).

The social worker. The helpfulness of the social worker appears in assistance with siblings (r = .25, p < .05); in understanding what a retarded child can learn (r = .32, p < .05); and in help with medical problems (r = .31, p < .05).

The teacher. The high opinion of the teachers' contributions is associated with discipline of the child (r = .28, p < .05) and with alleviating the mother's general worry and depression (r = .30, p < .05).

The Staff in Crisis Situations

The nature of the crisis event or situation must be taken into consideration. As replies were categorized by the investigator, the crises reported fell within the following areas:

1. Transitory incident involving the retarded child (N = 14).
2. Parental concern over problems of a sibling (N = 8).
3. Problem concerning the husband-wife relationship (N = 2).
4. Major decision to place child in an institution, under state guardianship, or to arrange for sterilization of the child (N = 11).

5. To reach emotional acceptance of the child's condition or of the total problem of mental retardation in the child (N = 2).

By chi square analysis, the reported source of professional aid in the 37 crisis situations was compared with the ratings of general helpfulness for the director, the social worker, and the teacher.

As can be observed in Tables 11, 12, and 13, the social worker was recalled as generally less helpful by more mothers reporting a crisis situation involving the sibling of the retarded child. In 6 of the 37 families in which a crisis was experienced, the social worker was rated as "not much help."

The development of new occupational goals and increased volunteer activities outside the home were associated significantly with the director's help in a crisis ($r = .36$, $p < .01$).

The teacher's help in crises was positively associated with several situations: adults being unkind to the child ($r = .44$, $p < .01$); in improving relationships between husband and wife ($r = .36$, $p < .01$); in concerns over medical problems ($r = .31$, $p < .05$) and with reported improvement in family relationships ($r = .25$, $p < .05$).

The social worker's crisis aid appears related to helping the siblings understand the retarded child ($r = .37$, $p < .01$).

TABLE 11

VALUE OF DIRECTOR'S HELP AS PERCEIVED BY MOTHERS WHO REPORTED HAVING HAD A CRISIS SITUATION (N = 37)

General Value of Director's Help	Nature of Crisis 1	2	3	4	5	Total
Very Helpful	12	6	2	8	2	30
Usually Helpful	2	2	-	3	-	7
	14	8	2	11	2	37

df = 8 chi square = 1.823 (ns)

TABLE 12

PERCEIVED VALUE OF SOCIAL WORKER'S ASSISTANCE BY MOTHERS WHO REPORTED HAVING HAD A CRISIS SITUATION

General Value of Social Worker's Help	Nature of Crisis 1	2	3	4	5	Total
Very Helpful	12	1	1	9	1	24
Usually Helpful	1	5	-	1	-	7
Not Much Help	1	2	1	1	1	6
	14	8	2	11	2	37

df = 8 chi square = 19.57*

*$p < .05$

TABLE 13

PERCEIVED VALUE OF TEACHERS' HELP BY MOTHERS
WHO REPORTED HAVING HAD A CRISIS SITUATION

General Value of Teacher's Help	Nature of Crisis 1	2	3	4	5	Total
Very Helpful	12	5	2	8	2	29
Usually Helpful	2	2	-	2	-	6
Not Much Help	-	1	-	1	-	2
	14	8	2	11	2	37

df = 8 chi square = 3.72 (ns)

Multiple Regression Analyses

Generalizability. To further examine the sources of contributions from the program which effected an increase in general learnings, stepwise regression analyses were performed for 7 dependent variables -- the subitems of Question 6.

The combined professional help of the director and teacher appear statistically significant at the .01 level as the largest factor in multiple correlations for all subitems.

The individual family help provided for the specific child -- assistance related to discipline, management, and planning for his future -- appear as a second important variable, significant at least at the .05 level in all items except "What can be learned from testing?"

Frequency of conferences with the professional staff is indicated as an important predictor of general learning ($p < .05$).

Future planning for the retarded child (6e and 6f) is linked with the mothers' interest in occupational planning for herself (Tables 14 through 20).

Family Help. To examine the procedures which brought about relief for family problems, subitems in Question 8 were used as dependent variables. Multiple correlations with independent variables significant at the .01 level

were subjected to regression analyses (Tables 21 through 24).

The director's aid in situations experienced as crises added significantly ($p < .01$) in improving the mother's emotional relationship with her retarded child (Table 21) and in problems of intrafamily conflict (Table 22).

Staff conferences and general learnings (6f and 6g) were significant predictors of management and planning for the retarded child's future (Tables 23 and 24). When the mother's felt needs during the child's enrollment were strongly centered on the child, need for help with future plans is predicted (Table 24).

Impact on Personal Life of the Mother. In the analysis of predictor variables which showed effects on the mothers' personal lives two patterns of influence are noted. For mothers who reported intrapersonal effects (improved feelings of self-worth, improvement in family or husband-wife relationships) the Family Help was seen to have made the most contribution. For mothers who developed new occupational goals, increased participation in outside activities and developed new friendships, the Generalizability of learnings contributes the highest proportion of variance (Tables 25 through 28).

TABLE 14

STEPWISE REGRESSION ANALYSIS
(6A) GENERALIZED LEARNI 3: INTERPRETING
MENTAL RETARDATION TO SIBLINGS

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	8.42	5.42*	1/59
Professional Help (Director and Teacher)	11.35	8.21**	1/58
Management of Child (Family Help 8e & 8g)	6.66	5.16*	1/57
Satisfaction with School Placement	8.50	7.31**	1/56
Multiple R = .59 Multiple R^2 = .35		F = 7.51*** df = 4/56	

*p < .05
**p < .01
***p < .001

TABLE 15

STEPWISE REGRESSION ANALYSIS
(6B) GENERALIZED LEARNING: WHAT A RETARDED CHILD IS LIKE

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	6.00	3.77*	1/59
Professional Help (Director and Teacher)	24.58	20.54***	1/58
Satisfaction with School Placement	8.82	8.29**	1/57
Multiple R = .68 Multiple R^2 = .39		F = 12.35*** df = 3/57	

*$p < .05$
**$p < .01$
***$p < .001$

TABLE 16

STEPWISE REGRESSION ANALYSIS
(6C) GENERALIZED LEARNING: WHAT CAN BE LEARNED FROM TESTING

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	8.90	5.76*	1/59
Professional Help (Director and Teacher)	10.55	7.59**	1/58
Management of the Child (Family Help 8e & 8g)	4.25	3.17	1/57
Satisfaction with School Placement	3.59	2.76	1/56
Multiple R = .52 Multiple R^2 = .27		F = 5.25*** df = 4/56	

*$p < .05$
**$p < .01$
***$p < .001$

TABLE 17

STEPWISE REGRESSION ANALYSIS
(6D) GENERALIZED LEARNING: WHAT A RETARDED CHILD CAN LEARN

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	8.86	5.73*	1/59
Professional Help (Director and Teacher)	19.76	16.05***	1/58
Satisfaction with School Placement	6.87	6.07*	1/57
Multiple R = .596 Multiple R^2 = .355		F = 10.45*** df = 3/57	

*$p < .05$
***$p < .001$

TABLE 18

STEPWISE REGRESSION ANALYSIS
(6E) GENERALIZED LEARNING: WHAT TO DO ABOUT FUTURE PLANNING

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	6.99	4.43*	1/59
Professional Help (Director and Teacher)	11.52	8.20**	1/58
Management of Child (Family Help 8e and 8g)	13.35	11.16**	1/57
New Occupational Goals for Mother (12f)	4.82	4.26*	1/56
Multiple R = .606 Multiple R^2 = .367		F = 8.11*** df = 4/56	

*$p < .05$
**$p < .01$
***$p < .001$

TABLE 19

STEPWISE REGRESSION ANALYSIS
(6F) GENERALIZED LEARNING: WHERE A CHILD MAY GO AFTER SHELTERING ARMS

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	7.57	4.83*	1/59
Professional Help (Director and Teacher)	12.81	9.33**	1/58
Management of Child (Family Help 8e and 8g)	10.95	9.09**	1/57
New Occupational Goals for Mother	5.23	4.62*	1/56
Multiple R = .605 Multiple R^2 = .366		F = 8.07*** df = 4/56	

*$p < .05$
**$p < .01$
***$p < .001$

TABLE 20

STEPWISE REGRESSION ANALYSIS
(6G) GENERALIZED LEARNING: WHAT OTHER COMMUNITY FACILITIES CAN HELP

Predictor Variable	% Variance Added	F	df
Professional Help (Director and Teacher)	10.64	7.03**	1/59
Management of the Child (Family Help 8e and 8g)	18.70	15.35***	1/58
Satisfaction with School Placement	4.43	3.80	1/57
Multiple R = .58 Multiple R^2 = .34		F = 9.69*** df = 3.57	

**p < .01
***p < .001

TABLE 21

STEPWISE REGRESSION ANALYSIS
(8H) FAMILY HELP: MOTHER'S FEELINGS ABOUT THE MENTALLY RETARDED CHILD

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	5.45	3.40	1/59
Director's Help in Crisis	12.29	8.67**	1/58
Multiple R = .42 Multiple R^2 = .17		F = 6.25** df = 2/58	

**p < .01

TABLE 22

STEPWISE REGRESSION ANALYSIS
(8C) FAMILY HELP: DEALING WITH RELATIVES AND FRIENDS

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	6.46	4.07*	1/59
Director's Help in Crises	18.42	14.22***	1/58
Multiple R = .498 Multiple R^2 = .249		F = 9.60*** df = 2/58	

*$p < .05$
***$p < .001$

TABLE 23

STEPWISE REGRESSION ANALYSIS
(8E) FAMILY HELP IN DISCIPLINE (MANAGEMENT)
OF THE RETARDED CHILD

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	16.88	11.99**	
General Learning and Community Resources (6f and 6g)	11.49	9.31**	
Multiple R = .53 Multiple R^2 = .28		F = 11.49*** df = 2/58	

**$p < .01$
***$p < .001$

TABLE 24

STEPWISE REGRESSION ANALYSIS
(8G) FAMILY HELP: CONCERNS OVER FUTURE PLANS

Predictor Variable	% Variance Added	F	df
Frequency of Staff Conferences	9.79	6.41*	1/59
General Learning (6f) & Community Resources (6g)	15.45	11.99**	1/58
Mother's Felt Needs during Child's Enrollment	10.54	9.36**	1/57
Mother's Increase in Volunteer Work	3.40	3.13	1/56
Multiple R = .63 Multiple R^2 = .39		F = 9.02*** df = 4/56	

*$p < .05$
**$p < .01$
***$p < .001$

TABLE 25

STEPWISE REGRESSION ANALYSIS
(12B) IMPACT ON MOTHER'S LIFE: IMPROVED RELATIONSHIP WITH HUSBAND

Predictor Variable	% Variance Added	F	df
Family Help	12.75	8.62**	1/59
Frequency of Staff Conferences	3.90	2.72	1/58
Multiple R = .41 Multiple R^2 = .17		F = 5.80** df = 2/58	

**p < .01

TABLE 26

STEPWISE REGRESSION ANALYSIS
(12C) IMPACT ON MOTHER'S PERSONAL LIFE: DEVELOPED NEW FRIENDSHIPS

Predictor Variable	% Variance Added	F	df
Generalizability of Learnings	16.49	11.65**	1/59
Family Help	4.52	3.32	1/58
Participation in School Activities	3.60	2.72	1/57
Multiple R = .496 Multiple R^2 = .246		F = 6.203*** df = 3/57	

**p < .01
***p < .001

TABLE 27

STEPWISE REGRESSION ANALYSIS
(12E) IMPACT ON MOTHER'S PERSONAL LIFE: INCREASED ACTIVITY IN VOLUNTEER WORK

Predictor Variable	% Variance Added	F	df
Generalizability of Learnings	8.42	5.42*	1/59
Family Help	16.90	13.11***	1/58
Participation in School Activities	3.63	2.91	1/57
Multiple R = .538 Multiple R^2 = .29		F = 7.73*** df = 3/57	

*$p < .05$
***$p < .001$

TABLE 28

STEPWISE REGRESSION ANALYSIS
(12G) IMPACT ON MOTHER'S PERSONAL LIFE: IMPROVED FEELINGS OF SELF WORTH

Predictor Variable	% Variance Added	F	df
Family Help	11.30	7.52**	1/59
Frequency of Staff Conferences	4.73	3.27	1/58
Multiple R = .40 Multiple R^2 = .16		F = 5.53** df = 2/58	

**$p < .01$

Subjective Opinions and Comments

Statements freely expressed by the mothers add insight into reasons for their positive or negative feelings about the parent education program at Sheltering Arms. These are grouped topically and selected on the basis of frequency and similarity of content.

Realistic Approach

The mothers often referred to the honesty of the staff and the forthrightness of the information they were given. The director was said to be willing to offer both answers to questions and to send written reports which parents could keep and refer to later on. The parents were not provided with predictions about the future status of their child, but helped to observe the child's current behavior and changes in behavior. "Sheltering Arms gives a realistic picture. No false front. No pretense of things going to be all right." (Interview 10) "She Dr. Blodgett gave answers that made sense. I've let many people read the report." (Interview 28)

Generalization of Learning

Frequently mentioned by mothers were episodes in which they tried to help others understand retardation, or to deal with family problems. They credited their experience at Sheltering Arms as enabling them to inter-

pret retarded children's needs. The learning was referred to as a source of satisfaction to them. "I'm happy to be able to help others." (Interview 46) "I have spent many hours on the phone and helped other individuals to learn about retarded persons and their problems." (Interview 34)

Discipline and Self Growth

Mothers often mentioned their improved ability to discipline themselves, and their growth in self respect and feelings of competency. In interpersonal relationships, changes were reported which they believed were the result of becoming able to express their emotions more openly. Some of the mothers admitted having negative feelings about their retarded children. "You must understand your own feelings before you can hear anything about mental retardation." (Interview 40) "I needed ... somewhere to have her go -- to get her out of my hair." (Interview 61)

The Child's Sex Drive

To the question about the parents' concerns about the retarded child's sex drive, experiences, and relationships, about half the mothers answered with opinions about the responsibility they felt towards the child on this matter. Most of them approved some method of sterilization as a means of protection and several had arranged

for the surgical procedures necessary. They expressed appreciation for the pediatrician's talks at group meetings on the broad subjects of sexuality and birth control. "That was an eye opener." (Interview 36)

The Lecture Topics

In the ranking of the topics, the choices made by the mothers revealed variations of opinion related to age of the child, previous experience with special education, and the time period the child was enrolled. The more recently enrolled children had parents who were more knowledgeable about mental retardation and other community facilities for older retarded persons. Some mothers reflected a broad view -- "All the subjects are closely related. Hard to say which should come first." (Interview 20) Others were specific about certain topics -- "Our feelings first." (Interview 26)

Negative Views

Critical comments made by mothers often contained constructive suggestions for improving the parent program. These views reflected individual needs and no negative criticism appeared more than once except for the comment that after 2 or 3 years the information seemed repetitive.

Quotations taken from the interviews appear in Appendix C.

Summary

Perceptions of Staff Roles

Mothers made many positive statements about the assistance of the director and the teachers, but less frequently mentioned the social worker. The director was named in specific situations where help was needed with family members as well as with the retarded child. The teachers, as well as the director, were credited with having alleviated the mothers' worries and feelings of depression. From the mothers' viewpoints, the social worker appeared to have made limited contributions to the program, and was less often recalled except in individual cases where medical services were needed or family problems involved normal siblings.

Nature of Recalled Problems

Repeatedly, problems recalled by the mothers involved discipline and management of the retarded child, planning for placement after Sheltering Arms, and making decisions regarding sterilization or institutionalization. The mothers' own needs were recalled as varied but as having strong emotional components.

Program Effects

The program enabled the mothers to develop new relationships with other parents and their retarded chil-

dren; some of the mothers were helped to set up new occupational goals; general improvement in mental health occurred as the mothers said they gained confidence in their abilities to resolve everyday living problems. The program provided opportunity for learnings which became generalized in the community as the parents interpreted to other persons the problems and facts of mental retardation.

Effective Procedures

Important processes in the parent education program appeared to be the individualization of conferences, the participation of the parents in group meetings and school activities, and the communication which was continuously available between parents and staff. Family and personal needs of the mothers were closely linked to responsible feelings for the child's progress in school and his future placement.

The provision of extensive information in group meetings, plus the individual consultive service and involvement of the parents in decisions about the child appear to have encouraged more optimistic attitudes on the part of the parents. The mothers' accounts, in retrospect, reflected increased comfort and security about their roles as parents of a retarded child.

CHAPTER V

Discussion

Limitations

The sample. The mothers interviewed in this study were a selective group. They were all residents within a large metropolitan area and could be described as generally middle and upper middle class in socioeconomic circumstances. They were relatively secure financially, in that one or both parents were employed. The families represented in the study had remained in the community and therefore may have differed in unknown ways from the 40 families which had moved away from the area during the years 1957 to 1971.

Another fact common to this group was that these parents were keeping a retarded child within the family. They displayed interest in becoming more able to understand and accommodate that child, and expended time and energy in attending meetings with other parents and in participating in school activities.

It must be acknowledged, then, that the parent education program at Sheltering Arms was offered to a receptive audience, selectively included because they expressed interest and desire to be there. In addition, they were eligible because they had a child of the age

group and ability level the school was equipped to serve.

The school. While the Sheltering Arms school is a Minneapolis public school, it is not an average large city school serving mentally retarded children. The private source of financial support allows enrichment of services, particularly with respect to additional staff, both professional and nonprofessional. Few, if any, public schools will have fulltime program directors, social workers, and classroom aides for a population of 60 elementary age students.

The school appears unusual in other ways. The consistent philosophy and unified approach reflects the leadership skills and talents of one director. The teaching staff, in 17 years of school terms with a range of 3 classes in 1955 gradually increasing to 6 classes in 1965 had only seven changes due to teachers leaving positions. Five of the 7 left to pursue higher education to the doctoral level in related areas of education and psychology (Blodgett, 1973). The writer believes these facts are evidence of a high morale and career satisfaction of the professional staff.

The questions to ask at this point relate to how well and in what ways this well endowed school was able to assist parents who were receptive to an educational program designed to help them raise a retarded child.

The staff roles. The question was raised in this investigation regarding which staff members were considered by the mothers as most helpful. The social worker appears to have made a much lesser contribution to the program. Several explanations are suggested. First, the background of the social worker may have been lacking in knowledge about retarded children and their effects upon parents and family life. Second these middle and upper middle class mothers may have had little experience with social workers and could have rejected the idea that they had need for assistance from a person in a role often associated with welfare. While a large number of mothers credited the social worker as "helpful," this approval was less strong, and her assistance appeared limited to selected families.

There are other considerations. As a member of the team, the social worker's contribution may have been valuable to the other professional staff by the presentation of additional information obtained in home visits.

More study of the role of the social worker would be necessary before further statements could be made.

Information Needed by Parents

It is clear that parents can and often do use a great deal of factual information in resolving their

everyday living problems with a retarded child. Points of decision making are often felt as an emotional crisis. Ratings attached to the topics (Question 13) show that all but two items were ranked number one at least once. The choice of the number one topic "What is mental retardation?" reveals the persistence of the mothers' need to understand and deal with the reality of the condition in their child. This desire to understand is closely linked to the emotional need to maintain self esteem and to handle constructively the negative feelings about the child.

While the program at Sheltering Arms gave the kind of help parents needed, it is difficult, if not impossible, to specify which elements of the factual information were most important; parents made use of the learnings according to their needs at the particular age of their child, his individual problems, or their special family constellation.

One conclusion about the program can be made: while general information was provided in the group meetings it was the individualized conferences and person-to-person discussions which gave the parents the help they perceived as most valuable. The meetings with other parents led to many new friendships. One may assume the supportive effect they felt by being able to share their problems and decisions. The availability of the

staff members for consultation at any time was another source of assurance that other people cared about their child.

The findings of this study point to three areas of parental concern which were apparently well served.

1. The parents wanted a good school for their child; they were generally willing to accept the level of the child's achievements and progress and came to adjust their expectations accordingly. They were kept continually informed by the teachers about the activities and the goals of the school program. The child's growth in learning and improvement in adaptive behavior were kept in constant view by the close interaction with staff. The participation in school activities was an added opportunity for the parents to observe first hand the daily actions of other children as well as those of their own child. This accurate knowledge about retarded children was most helpful, perhaps, when the time came for a change to another environment -- a public school setting, a foster or group home placement, or occasionally to a full time care facility.

2. The program offered the parents the kind of moral support, girded with intellectual learnings about child development, behavior, and mental retardation which enabled them to gain confidence in their own worth as competent individuals and in their ability

to be good parents for all their children.

3. The program gave the parents the vision to see their retarded child as an individual with rights to an independent adult life to the maximum degree possible. This is especially illustrated by the number of parents who expressed thoughtful and serious consideration in arranging a sterilization procedure which they perceived as giving their child both protection and freedom.

Information about sterilization made available in parent education programs can have extensive social implications. Reed and Reed (1965) stated that when voluntary sterilization for retarded persons becomes a part of the culture of the United States, "we should expect a decrease of about 50 percent in the number of retarded persons, as a result of all methods combined to reduce retardation"(pp. 77-78).

The Value of the Staff

The uniqueness of the Sheltering Arms staff is a factor one cannot expect to find duplicated or even approached in most school settings. However, certain elements of the situation may be replicated through observations drawn from this study.

The importance of person to person contact. The value of parent organizations would be enhanced by

more interaction with professional persons. (This is not to overlook the many contributions of speakers and writers who offer their time and talents to parents on a few times basis.)

Educators-in-general must expect more participation in parent group activities by all persons involved in education. Teachers, counselors, and psychologists as well as the health and social service workers must accept the responsibility for parent education as an integral part of professional demands. The willingness of professional workers to telephone parents, to keep them openly informed, and to treat them as respected co-workers in the child teaching and behavior training -- should go with the privilege of becoming "professional."

Kaplan (1971) suggests that elementary school counselors could help mothers of exceptional children face the severe reality demands that they experience as internal turmoil. "Once their feelings have been elicited and legitimized, exploration of how these feelings influence behavior towards children becomes possible" (p. 34).

The classroom teacher. Nowhere, perhaps, does this necessity for interaction with parents of retarded children fall more heavily than upon the classroom teacher. Added training in parent education to teacher edu-

cation programs is a clear direction. The teachers at Sheltering Arms had the opportunity for excellent and continuous inservice training, as the education of parents was exemplified by the director. Other persons with skills, commitment and sensitivities similar to those of the Sheltering Arms director could effectively contribute to the education of more teachers. At the very least, the child development approach, the philosophy, and the day-by-day common sense of successful and respected leaders such as Dr. Blodgett can be learned by reading their publications.

But more can be done in teacher education programs. Some directions might be to:

1. Arrange a practicum for observation and work with parents of retarded children. Parents could be selected, as well, for their willingness to teach the teachers.

2. Require teacher trainees to attend and participate, where appropriate, in parent group meetings and discussions about the problems of living with a retarded child.

3. Invite parents to discussion groups with student teachers as part of the parent education segment of their training.

4. Include some parents on college committees working on curriculums for preparation of teachers who

will have retarded children in their classrooms. (This could well be for all teachers.)

As illustrated by the mothers interviewed in this study, many of them felt they could provide reliable information to other parents. The evidence that they believed their learnings could be generalized to other settings supports the investigator's conclusion that the Sheltering Arms parent education program was so structured that it has become a benefit to the larger community. Therefore, even a few such programs are justified, despite the financial cost and the small group of parents and children served. The ripple effect of the parents' influence -- with inner strengths and wisdom gained from such a program -- can have far-reaching effects on a society which is being pressed to give human rights to retarded persons.

Present School Problems

Among the current directions for educating retarded children, there is a push towards "mainstreaming." Parents as well as children are feeling the shock waves. Some implications from this study are proposed.

1. Parents should be involved in the movement to change from segregated classes to integrated classes for retarded children. Parents who have knowledge such as that gained from the Sheltering Arms program could

be recruited as parent advocates, liaison workers, volunteers, or classroom aides.

2. Resource teachers might better be employed by the schools to work with the parents rather than with the children who need specialized instruction. At least the "home resource teacher" might be expected to assess the situation: who can best use instructional assistance -- the child, the parent, or the classroom teacher?

3. For the teachers of special classes, designated allotments of time should be arranged for working with the parents. Part of the teacher's responsibility should be home contact, by visits, telephone or written communication with the intent of nurturing the understanding and adjustment between the child and his parents.

4. Peers and siblings can give friendship and companionship to retarded youngsters if adults help to arrange good extracurricular experiences for mutual participation. Parents who are leaders in scouts, brownies, or 4-H clubs should be alerted to their opportunity to include retarded children in their groups.

The Look Ahead

Dr. Cobb, chairman of the President's Committee on Mental Retardation made the statement (April, 1974):

> We now are moving rapidly out of the era when sending a retarded person to an institution seemed the only choice. We are entering a period where every community must accept re-

> sponsibility to provide services that will allow retarded persons to achieve the fullest possible life within the normal human community. (p. 1)

The communities will be greatly helped in such a task if the parents of the retarded are given the help they need and can use especially through the child's early years.

One more suggestion arises from the impact of words from parents interviewed in this study. Some of them said, in effect, "If we had known more sooner, we might have done better...." The places to begin "sooner" can be in career education from early years up through high school. Parenthood should be considered a career; child care, child development and the special needs of handicapped children should be in the preparation for life curriculum. If we innoculate potential parents with advance information about the exceptional child, they may become better prepared for their parental responsibilities.

Concluding Statement

To return to the questions presented in Chapter I, the following statements are offered:

1. Information desired by parents is extensive and varied but their foremost need is much knowledge about mental retardation, both in general and as it relates to their own child. Their second need is for self

understanding -- to effect a resolution of their negative emotions about having to be parents of a retarded child.

2. The program which gives parents information about child growth and development, and causes for both the child's and their own behaviors will aid them with both technical and emotional aspects of child rearing.

3. Professional skills in parent education programs are important, but the communication between the parents and the professionals is the key to the usefulness. Factual, forthright, open observations of the child as he grows and develops, should be shared with the parents by the teacher and others. Well prepared professional persons are the key. They must be at ease with parents and willing to give time to listen, to inform, to feel, and to be patient.

4. The degree of retardation in the child may be a factor in the kind of assistance the parent seeks. However there was no evidence in the findings of this study other than that the help needed was individualized by many factors other than degree of the handicap.

The program was individualized by response to each family's needs -- and carried out in individual conferences as often as necessary.

5. To foster self confidence in parents of retarded children, they need to be treated as persons

worthy to be listened to, and to be given honest information -- the best known answers to their questions. Problems relating to normal children or relatives may need more attention at times than those relating to the retarded child.

7. The program as designed and carried out at Sheltering Arms did enable parents to generalize learnings. They were able to influence other persons in the community, sometimes to change attitudes and to better understand retarded children. Interested parents have helped increase opportunities for leisure time activities for young retarded adults, and can be expected to make many more contributions to better the future lives of retarded citizens.

This study has been exploratory only. The 61 mothers described their experiences with a school program which included parent education as an important component. What has been learned from them is that the experience made most of them feel better about themselves as persons, more competent as parents and more able to resolve their family problems. For some of the mothers, the greatest gain was in their personal development. The experience enabled them to make contributions outside their homes in community volunteer or

professional work. For the majority -- almost all the mothers -- the parent education program was credited with having had substantial influence on the quality of their lives, sometimes to the point of having rescued them from panic and despair.

> The use of any knowledge reaches into three areas of the mind: the search for truth, the skill of forecasting and the gift to imagine a future different from the present. There will never be clear-cut rules of procedure. The best we can hope for is to sort out the different strands and look for regularities as they are combined into cords. The more we succeed the more energy and freedom will be left for the creative and innovating element indispensible in all utilization. (Lazarsfeld & Reitz, 1970, p. 14)

CHAPTER VI

Summary

The purpose of this study was to explore the effects of an educational program for parents of retarded children. The program selected for study has been carried on continuously at The Sheltering Arms Day School and Research Program for Mentally Retarded Children, in Minneapolis, Minnesota.

Using a specially designed instrument, The Sheltering Arms Parent Interview Schedule, the investigator interviewed a stratified sample of 61 mothers who had had a retarded child enrolled at the school for two years or more between 1955 and 1971.

The interview focused on what specific information and experiences were recalled by the mothers as important and judged as the most valuable components in the parent education program. The effects explored (a) the degree to which the mothers reported their learnings had generalized, (b) the degree and nature of the perceived help to the families, and (c) the impact of the program on the personal life of the mothers.

By inquiry related to the methods used in delivery of the educational services to parents, and the perceived contributions of the individual staff members, the study was intended to discern some direction

which might be recommended to others who wish to design and carry out similar educational programs for parents of retarded children.

The findings indicate the program was valued highly by the mothers. They recalled the program as having helped them in resolving many family problems, some of them designated as crises; they perceived benefits to themselves in the improvement of self concept and feelings of self worth; they gained confidence in their decisions about management of the retarded child; many reported that their learnings had enabled them to make contributions to other social groups and some of them entered professional service occupations.

The director and the teachers were recalled as the most valuable of the staff members. The social worker was seen as having made limited contribution, and with selected problems usually relating to normal siblings or medical services.

Various segments of the program -- group lectures, participation in school activities, and individual staff conferences were reported as constructive. Statistical analysis showed that professional help with family problems, given by the director and teachers in individual conference was significantly related to the mothers' perceptions of help received from the program. The two most highly recommended topics for parent education

were extensive information about mental retardation (particularly as related to the child concerned) and how to live with the emotional stress and daily demands with a retarded child in the family.

The data suggests that well-prepared teachers can make significant contributions to the education of retarded children by giving more time and attention to the parents' emotional needs, by assisting parents with individual family problems, and by providing specific information about mental retardation relative to their individual child.

Implications for teacher education and school programs include (a) giving more attention to teacher experience and training to work with adults, (b) asking parents to assist in training teachers, (c) assigning resource teachers to work with parents, and (d) supporting and contributing to community parent organizations which work for improving the life opportunities for retarded citizens.

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APPENDIX A

The Sheltering Arms
A Day School and Research Program
for Mentally Retarded Children

Since 1882, the Sheltering Arms has been a private, non-profit corporation established to serve children. Founded first as an orphanage, it filled this role until 1942. From 1942 to 1955, it was a hospital for the treatment of poliomyelitis. A Board of Directors made up of thirty women, fifteen from St. Paul and fifteen from Minneapolis, is responsible for the overall administration. Throughout its long and distinguished history, the Sheltering Arms has been operated without discrimination as to race, color, or creed. Gifts and bequests over the years have provided the endowment funds on which it operates.

The present program, a day school and research program for mentally retarded children, was begun in 1955. A committee representative of professional groups in the Twin Cities was appointed by the Hennepin County Community Welfare Council at the request of the Board of Directors. This committee, after a study of community needs, recommended that the Sheltering Arms, in cooperation with the Minneapolis Public Schools, develop a school facility for mentally retarded children which would also incorporate research, comprehensive evaluation of family situ-

ations, parent counseling, and professional training.

Thus began an unusual partnership between a private organization and a public school system. The Minneapolis Public Schools provide teachers, transportation for the children, basic support for classroom equipment and supplies, and some consultative services. The Sheltering Arms provides its twelve acres of spacious grounds, the buildings, building maintenance, and all of the staff except the teachers. The staff includes the program director, business coordinator, and social worker, secretarial and building staff, and five classroom assistants who work directly with the children under teacher supervision. From the 1955 beginning with three classes, the program has gradually expanded to the present six classes. These classes are part of the Minneapolis Public Schools' special education program. For Minneapolis children, there are no fees other than the cost of lunches. When children from other school districts are admitted, their home school district is responsible for tuition payments to the Minneapolis Public Schools and for transportation.

Schools, physicians, social agencies, and parents themselves may refer children for consideration of school attendance. Selection from among the applicants is based on several criteria, including: difficulty of diagnosis and prediction, variety of causation, variety

family situation, need for continued observation and study, and classroom balance. Applicants are seen at the Sheltering Arms for psychological evaluation preceding their acceptance.

Making available to pre-professional and graduate students opportunities for experience and training is another function of the Sheltering Arms. Student teachers, social work students, and graduate students in psychology are assigned to field placements at the school.

A number of graduate students and university faculty members have used the school population to carry out research projects. Undergraduate college students and student nurses have regularly scheduled lectures and tours of the school. Over the years, Sheltering Arms has sponsored many special meetings for teachers in service, school social workers, and school administrators developing programs for mentally retarded children. Our volunteers help to maintain high standards of individual attention and supervision, and add greatly to the social experience of the children.

Children who are not applicants for school attendance are also seen for psychological evaluation, on a fee basis. Such studies may be requested by schools, agencies, physicians, or parents themselves. Since time does not permit all children referred for study to be seen, selection is made on the basis of other psychological services which

may be available to them, and on the basis of the complexity of the problems presented.

The research orientation of the Sheltering Arms is broadly conceived as fact-finding procedures about retarded children, with the goal of increasing information and hence improving practices. Behavior observations, behavior ratings, psychological measurements and their consistency, study of individual differences, family patterns, reports from parents, longitudinal comparisons of children with themselves over time, curriculum development and educational procedures all feed into better understanding of the multiple problems of retardation.

Meeting the Needs of Parents

Parents of a retarded child face an on-going adjustment crisis. It is not just a matter of finding out what is wrong, then doing something about it. The "finding out what is wrong" may be costly, time consuming, and include contradictory opinions, inconsistent advice, uncertain findings. Once there is agreement on the nature of the problem, it makes heavy demands on adult emotional maturity, realism, and copefulness to come to an acceptance of its nature and reality. When adequate diagnostic and educational facilities are available, parents' problems are eased, but not solved. Even when

the child reaches adult years, except for the very mildly retarded, parents still are concerned with planning, supervision, and help, throughout their lives.

People in professional fields concerned with mental retardation have much information and knowledge gained through formal study and experience. Parents, however, usually come to the retardation problem without special previous knowledge or interest. To bridge the gap, professionals must try to move toward understanding the situation the parents find themselves in, and the parents must try to move toward willingness to listen, desire to learn, and ability to accept reality. The problems presented by the retarded child belong to both groups; ways to manage them must be mutually sought.

At the Sheltering Arms, we believe that work with parents is of equal importance to work with the children themselves. When a child is seen for psychological study prior to school entrance, results of the study and its implications for the child's future are discussed with the parents, and a written report is sent them for future reference. The social worker's initial home visit fills in details of the child's past development and home setting, and interprets further to parents what the school program will be like. Individual conferences with teachers during the school year keep parents informed of school adjustment and progress, and keep

teachers in touch with the child's life at home. The more formal Progress Report at the end of the school year gives parents a detailed record of progress, achievements, and problem areas. Team conferences, involving teacher, social worker, program director, and parents routinely precede any child's graduation and can be arranged at any time on request by either parents or staff.

During the school year, parents meet one evening a month for a parent education program. The first half hour, spent in their child's classroom, keeps them up to date with classroom projects and goals. The evening continues for the group as a whole with a talk or panel discussion on some aspect of mental retardation. Occasionally a guest speaker is invited; sometimes the program is built around group discussion. Parents suggest topics of interest to them. The major purpose of the parent meetings is to give parents as much information as possible about the whole field of retardation, to help them acquire a more meaningful framework in which to view their own child so that they can understand him more fully and can deal with him more effectively. The parent group sponsors some fund-raising projects, making profits available for school needs. One highlight of the year is the annual Family Picnic; alumni families return to join current families and staff

for an afternoon of fun and food.

Meeting the Needs of Children

The needs of mentally retarded children differ from those of normal children not so much in kind as in degree: Security, acceptance, activity, wide experiences, learning opportunities, guidance, the joys of success, the warmth of companionship, the fun of laughter, the rewards of mastery, the pride and satisfaction of progress. At Sheltering Arms, the climate for children's development is built around these needs. Children as people are the focus of our program; learning how to live is the goal.

Six classroom groups -- three for the educable level, three for the trainable -- serve a total of sixty-six children, ages six to fourteen. Small classes provide for each individual an optimum share of attention from his teacher and her assistant. Painting, work sheets with shapes, colors, numbers, word recognition skills, discrimination skills, following directions, satisfaction in completing tasks, finding rewards in helping each other, learning to listen, to wait for a turn, are all part of the curriculum. Games, songs, rhythm bands, stories, records, time concepts, language experiences, dramatic play, physical skill development, good health habits, crafts, movies, manners, learning

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simple work skills are all involved.

In the beginning trainable class, major effort is directed at developing independent, self-help skills, constructive interest, cooperative attitudes, and good patterns of social interaction. When a child moves to the middle trainable group, he needs less stress on basic skills, more stress on social living, and continued experiences with useful, concrete learning. Emphasis continues on self-motivation, making effort, developing behavior controls. The older trainable group concentrates on more "grown-up" attitudes, more adult patterns of social behavior, and the continuing development of useful, life-related practical skills and good work habits. Expectations for academic learning for trainable children are modest; most of them will not be able to make use of reading, writing, or arithmetic, but will be able to learn to print their names, recognize some words, acquire some comprehension of number meanings. A few, who may be especially interested and highly motivated, may go a little further. School provides the learning opportunities and the tools for learning; those who can use them are helped to do so.

Children in educable classes have a program directed toward more academic learning, but the same concern with social and emotional growth pervades their school experience. Teaching is begun through many readiness activi-

ties; skills of reading, writing, and arithmetic are of real value only when they are meaningful. In the middle educable group, the usefulness of learning becomes more apparent to the child, and his motivation increases accordingly. For the older educable group, much stress is placed on the acquisition of independent work habits and a level of social competence which will prepare them for junior high school programs.

For all groups, recreation time and physical education are provided through daily gym periods and an after-lunch play period. The gym periods have more structure, although the content ranges from very simple games for the youngest up to more formalized, conventional physical education activities for the older groups. The post-lunch period offers a free choice of activities, with wagons, tricycles, music, songs, and games being popular indoor activities for the younger groups. Roller skating, shooting baskets, and more organized games are favorites of the older children. Outdoor weather finds children enjoying bicycle riding, jumping rope, playing ball, using playground equipment, roller skating, and taking "exploring" walks through the extensive grounds of the school. These recreation periods make contributions in extending each child's social experience to other adults and children beyond his own classroom group, providing play outlets for those who lack companionship

in their home neighborhoods, providing opportunities for younger children to know and admire older children, and for older children to provide examples and behavior models for the younger ones. Parent committees provide special club activities one day a week. Special events are usually for the entire school -- movies, field trips, special holiday entertainments, a Christmas party, programs presented by outside groups. Some events, such as the child's school birthday party, are for a single classroom.

There is on-going, continuous evaluation of each child's progress. Teachers keep anecdotal records, make ratings, observe changes. Parents report on behavior at home, and their view of changes. Psychological examinations are given and re-evaluations done periodically. Recognizing and discussing subtle behavior which reflects a child's feelings and attitudes often tell more about him than he can tell about himself. Staff meetings provide time for review of problems, discussion of progress, attention to revising goals, considering the most effective ways of working with individual children. In-service opportunities are utilized by the staff to keep informed about other services for the retarded and new developments in the field. Interest in, and concern for, the individual child are

everywhere in evidence.

Volunteers from varied age groups and walks of life contribute much to the school program. Sometimes they are "specialists," skilled in art, music, crafts, or home economics, who bring special learning experiences to the children. Often they are people who just enjoy children and like to be helpful. The typical volunteer serves in a classroom one day a week as an extra assistant. High school students spend some "free" time giving help to individual children.

Communication -- Special Services and Publications

The school setting has provided innumerable in-service training opportunities for staff members from other schools and daytime activity centers. Sheltering Arms' teachers have served as resource "helping teachers" for the public schools, assisting teachers new to special education. Staff members serve on a variety of professional committees, both school and community-related.

In 1959, Understanding mentally retarded children, by Harriet E. Blodgett and Grace J. Warfield, was published by Appleton-Century-Crofts, Inc., New York. This book has proved useful to parents and students, and to professional people whose work impinges on mental retardation.

In 1960, The five year report of the Sheltering Arms was prepared as a report to the Minneapolis Public Schools and other interested community and statewide groups.

In 1959-60, a pilot program of speech diagnosis and therapy was undertaken in cooperation with the Special Education Department and the Speech Department of the Minneapolis Public Schools. This led to the development of teaching materials for use by teachers.

In 1964, with the assistance of a grant from the Huestad Foundation, Sheltering Arms developed a pilot program for a small group of blind retarded children, to study the benefits and problems of integrating these children with sighted children. Since that time, a few other blind children have been included in some classes.

In 1964-65, under a contract with the U.S. Public Health Service, the Sheltering Arms sponsored a training program for workers in the field of mental retardation. This involved the active participation of many community groups, agencies, and schools. Thirty-nine trainees came from nine states to take this eight-week course. A series of lectures from the training program has been published and distributed to participants and to other interested persons.

In 1966, KTCA developed a pilot series of television programs for teachers of the retarded. Sheltering Arms

provided one of the classrooms which was filmed, and the program director served on the committee which developed the project.

In 1971, the University of Minnesota Press published Mentally retarded children: what parents and others should know, by Harriet E. Blodgett. Based on the parent education program at Sheltering Arms, this book will be helpful as a guide to parents.

From a publication prepared for public information by Harriet E. Blodgett and staff. Minneapolis, Minnesota, 1973.

APPENDIX B

_____ Interview Number $\overline{EE}$ $\overline{RE}$ $\overline{LA}$ $\overline{HA}$ $\overline{E}$ $\overline{T}$

_____ Date

The Sheltering Arms Parent Interview Instrument

I. Family Data

Parents' Name _____

Address _____

_____

Home telephone _____ Work Telephone _____

Child's Name _____ M _____ F _____

Birth Date Birth Order _____

Other handicaps _____

_____

Number of siblings 0 ___ 1 ___ 2-3 ___ 4 or more__

Occupation of Father:

_____ executive and professional

_____ skilled nonmanual and managers

_____ semi and unskilled workers

_____ public assistance or unemployed

Occupation of Mother:

_____ executive and professional

_____ skilled nonmanual and managers

_____ semi and unskilled workers

_____ public assistance or unemployed

II. School Data

_____ Number of years at Sheltering Arms

_____ Year of child's enrollment

_____ Age of child at first enrollment

_____ Age at graduation or termination

_____ Presently enrolled

School Record

_____ No school attendance before Sheltering Arms

_____ Enrolled in day care, nursery, preschool for at least 6 months prior to enrollment

_____ Enrolled in public or private school before Sheltering Arms for less than one year

_____ Enrolled in public or private school for more than one year before enrolling in Sheltering Arms

Interview Questions

1. While your child was (or has been) at Sheltering Arms how often have you attended, on a yearly average, the parent group meetings?

   _____ Four or fewer _____ Five or more

2. Did you participate in any of the following?

	One year	Two years	More than two years
Officer in parent organization			
Committee member in parent group			
Helped with Boys and Girls clubs			
Provided parties for birthdays or special occasions at school			
Accompanied classes on field trips, to circus, etc.			

   Other. State _____

   _____

3. How often did you have a conference or interview with a staff member at home or school?

   _____ 3 or fewer times a year, on an average

   _____ 4 to 8 times a year

   _____ More than 8 times a year

4. While your child was attending Sheltering Arms, what kinds of help did you feel a need for? _____

   _____

5. How would you value the assistance or counsel given you by each of these staff members in regard to the help you needed?

	Very helpful	Usually helpful	Not much help
Director (psychologist)			
Social worker			
Teacher			

6. During the stay of your child at the Sheltering Arms School, you probably learned many things that you could tell other people about retarded children. How useful would the information be in answering these questions?

	Very useful	Moderately useful	Not very useful
How to explain mental retardation to brothers and sisters			
What a retarded child is like			
What can be learned from testing			
What a retarded child can learn			
What to do about future planning			
Where a child might go after Sheltering Arms			
What other community facilities can be of help to a retarded child's family			

7. Based on your experience at Sheltering Arms, is there a best plan for all retarded children?

_____ Yes _____ No _____ Don't know

If yes, what is it? _____

_____

If no, why not? _____

_____

8. Parents have reported many kinds of problems which arise when a retarded child is part of a family. Have you had any of these problems? If yes to any question, did contacts at Sheltering Arms help you?

	Helped a great deal	Helped somewhat	Not at all
Other children picked on your child			
Adults were unkind to your child			
Dealing with relatives and friends wanting to give advice			
Brothers and sisters had difficulty understanding why the retarded child was different			
Disciplining your retarded child			
Concerns over medical and dental problems			
Concerns for future plans			

	Helped a great deal	Helped somewhat	Not at all
Your own feelings about your child			
Parents' own feelings of worry and depression			
Worries about the retarded child's sexual drive, experiences, and relationships			

9. Think back. Based on the problems just mentioned, when _____ first enrolled at Sheltering Arms what did you need most for yourself? _____

_____

Was the program helpful _____ Very helpful

_____ Moderately helpful _____ It did not help

10. During the time your child was at Sheltering Arms, did you ever have a really serious crisis when you felt a strong need for help? _____ Yes _____ No

Which person at Sheltering Arms gave you guidance or help? Dr. Blodgett _____; Social Worker _____; Teacher _____

11. We would like you to consider how "successful" your child might be relative to your understanding of his abilities if he were able as an adult to live in these circumstances:

	Degree of Success		
	Not expected	Moderate Likelihood	Excellent Likelihood
Live alone and earn an independent living			
Live in a group home and earn part of support			
Live at home and be some help at home			
Reside in an institutional setting and get along fairly well with others			

12. Since your child was (or has been) in Sheltering Arms, has your personal life changed because of contacts with the school? Some areas of change might be:

	Much Improved	Some Change	No Change
Family relationships			
Relationships between husband/wife			
Developed new friendships			
Became interested in MARC or other organizations			

	Much Improved	Some Change	No Change
Became active in outside interests - volunteer work			
Developed new occupational goals			
Feelings about self worth			

13. Here is a list of topics which might be used in lectures or discussions with parents. Number 1 to 10 in the order of importance as you think they are important information to parents.

___ What retardation is

___ What special education is

___ How to manage family living problems

___ What testing tells us

___ How to help children learn

___ The importance of social skills

___ Making plans for the future

___ Getting the most out of professional help

___ Understanding our own feelings

___ Problems of adolescence

APPENDIX C

Opinions and Comments Offered During Interviews

Realistic Approach

When I got the report from Dr. Blodgett, I knew she knew more about Hazel * than anyone ever had. (Interview 28)

Dr. Blodgett will not lie. If you don't want the truth, don't ask her. (Interview 31)

Harriet was always honest. (Interview 4)

You learn to ask questions and you get answers. Not always what you want -- but it's answered. They're keeping me sane. (Interview 6)

Good open communication. You can call them anytime. (Interview 16)

Generalized Learnings

I have communicated much to other people about accepting retarded persons as individuals. (Interview 34)

Even Nancy's death helped me interpret to others the value of life's problems related to retardation. (Interview 50)

Parents should work with other retarded children. Helps understand their own. (Interview 38)

It helped to work with the children at Sheltering Arms. (Interview 21)

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*Children's names have been changed to protect identities.

Other Parents

Sheltering Arms was our first encounter with parents -- a stepping stone to our acceptance -- not to be ashamed. Retarded children can give much to a family, we discovered. (Interview 27)

I needed to talk to other parents and listen to their problems and solutions. (Interview 28)

We learned about mental retardation by talking to other parents. (Interview 8)

You need to know other parents have similar problems. (Interview 3)

Some of those parents will be my friends for life. (Interview 38)

Discipline and Self Growth

I needed help in discipline. I wasn't effective. I needed help in my own disciplining myself. (Interview 30)

I'm a better person. (Interview 31)

I had to learn self discipline. (Interview 32)

You are not ready to listen to information about mental retardation until you understand your own feelings. (Interview 49)

The writing of the week end reports once a month was helpful in getting feelings out into the open. (Interview 46)

Mothers' Felt Needs

We needed to get it all together. We were sort of frightened. (Interview 45)

Somebody to like my kid. (Interview 35)

All kinds of reassurance, all kinds of advice. (Interview 38)

I didn't know what kind of help to ask for. (Interview 44)

I needed a break away from him. (Interview 53)

Peace of mind. (Interview 8)

To be honest: to be alone a little bit. (Interview 18)

A lot of help with discipline. (Interview 59)

Help towards a positive view. (Interview 26)

We were just a mess. Understanding and sympathy. (Interview 36)

More knowledge about retardation in general. The surgeon had said he would be all right. (Interview 4)

Some freedom. You tend to be tied down. (Interview 9)

Concerns about Child's Sex Drive, Experiences, and Relationships

I have no fears. He doesn't like girls, or boys either. (Interview 48)

I think vasectomy is a good idea. We'll work on that next. (Interview 52)

When he reaches puberty, he will have a vasectomy. (Interview 38)

Masturbation acceptable in private. We've talked to him about a vasectomy. (Interview 40)

Hysterectomy seems drastic but I've made no decision yet. She does masturbate. (Interview 57)

She had a hysterectomy 2 years ago. We felt this was the right decision. (Interview 30)

We plan sterilization in the near future. Ann is very attractive. Close supervision is the present answer. (Interview 31)

She was on Depoprivero for 1 1/2 years. We are considering partial hysterectomy. Retarded children should have a right to a life of their own. (Interview 33)

I approve of sterilization and masturbation. I'm pushing marriage for the kids but they couldn't all raise families and shouldn't try. (Interview 36)

Intend him to have a vasectomy by next year. This will protect him legally and socially. (Interview 12)

I worry about it. She's too retarded to know. Thought about asking the doctor if tubes could be tied. (Interview 22)

Undecided. Considering tying tubes. We'll make a decision within a year. (Interview 22)

She has more freedom at institution . They began giving her the pill about 2 months ago. (Interview 32)

She had a hysterectomy. Three doctors' signatures required, plus approval by hospital board. (Interview 19)

He has a strong sex drive. I wanted a vasectomy. He was under state guardianship and they refused. I paid a lawyer $150.00. Dr. _____ did a vasectomy in 1970. When he was born the hospital staff wanted me to place him in an institution, but I figured God gave him to me and it was up to me to bring him up. (Interview 41)

The Lecture Topics (Question 13)

If I had only one lecture, I'd include a little bit of each area. (Interview 17)

They all seem important. Now I could get more out of problems about adolescence and

planning for the future. Need changes as the child gets older. (Interview 3)

Most of us know very little. (Interview 19)

I would have rated them differently during the first year. (Interview 29)

Negative Views

There's repetition in lectures. You are ready for different things at different times. (Interview 25)

There has to be more help to fathers. Too many mothers carry most of the burden. (Interview 11)

Retarded children need to know more children. Same children all the way through Sheltering Arms limits them. (Interview 14)

Sheltering Arms is too self contained. They don't push MARC enough. (Interview 26)

School did not help him get work. (Interview 48)

They overuse the word "retarded." It's damaging to the child. MARC had a panel and stressed dropping the word retarded. Why label? (Interview 55)

The social worker turns people off. She gives direction which can't be carried out. (Interview 17)

There doesn't seem to be a master plan among schools in larger communities. (Interview 27)